

# GCA Adult Volunteer Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_  
Month day

Cell phone \_\_\_\_\_ Text: yes or no Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

I am currently serving in the following areas and/or I am interested in serving in the following areas:

<p>Food Pantry Program</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Greeter</li><li><input type="checkbox"/> Advisor</li><li><input type="checkbox"/> Bagger</li><li><input type="checkbox"/> Scheduler</li><li><input type="checkbox"/> Carryout</li></ul>	<p>VITA (Volunteer Income Tax Assistance)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Greeter/Screenener</li><li><input type="checkbox"/> Basic Tax Preparer</li><li><input type="checkbox"/> Advanced Preparer</li><li><input type="checkbox"/> Program Coordinator</li></ul>	<p>GCA Fundraising</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Empty Bowls (Feb)</li><li><input type="checkbox"/> Art in the Park (May)</li><li><input type="checkbox"/> Ducking Hunger Regatta (Sept)</li></ul> <p>Other Interest: _____</p>
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When volunteering:

- I will sign up when it is convenient for my schedule.
- I am willing to be on call if needed.

In case of emergency contact:

Name; \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that I have access to confidential information obtained through direct personal contacts with recipients of our services or through computer and/or file records maintained in the GCA offices. I understand that all such personal information must not be used for any unauthorized purpose nor divulged to anyone (including family and friends). I understand that if I violate this trust, I will be asked to leave my assignment and I could be challenged legally by the recipient whose trust I violate. I agree to follow guidelines and standards set by GCA Leadership and Staff. I give my permission for GCA to use my image in promotional material and on social media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Experience/Volunteer Experience/Hobbies/Skills/Special Interests

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