



## **GFLSCI Volunteer Application**

Please e-mail completed application to [info@gflsci.org](mailto:info@gflsci.org).

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Mobile/Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings     Weekend mornings  
 Weekday afternoons     Weekend afternoons  
 Weekday evenings     Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

- Administration  
 Events  
 Database  
 Fundraising  
 Deliveries  
 Phone bank  
 Newsletter production  
 Volunteer coordination

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

### Previous Volunteer Experience

Summarize your previous volunteer experience.

--

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Mobile/Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.