



CONFIDENTIAL
Volunteer Form

I. GENERAL INFORMATION

Name: _____
(First) (Last)

Preferred Name: _____
(First) (Last)

Email : _____

Phone Number : () -

- This is my:
- Cell
 - Home
 - Work

Address : _____
(Street) (City) (Zip)

Age: _____

How did you hear about the GVJCI Volunteer Program?

- Google Search
- GVJCI Website
- Facebook
- Instagram
- Friends/Word of Mouth
- Email/E-blast
- If other, please specify:

If you were referred by an individual, please list their name.



II. VOLUNTEER INTERESTS

1. What volunteer positions do you seek?

- Senior Food Box Distribution Volunteer
- Internship
- Matsuri Volunteer
- Senior Technology Class Volunteer
- Front Office Volunteer
- If other, please specify:

2. Can you speak a language other than English? Please select all that apply.

- I only speak English
- Japanese
- Korean
- Chinese
- Spanish
- Tagalog
- If other, please specify what language:

3. What time commitment do you desire? Length of time? Days? Hours? Please be as specific as you can.

4. Do you have any skills related to the following?

- Marketing/Social Media
- Fundraising/Event Planning
- Data Management
- Community Organizing/Advocacy
- Seniors
- Arts & Culture
- Children & Youth
- Computers & Technology
- Education & Literacy
- Health & Medicine



- | | |
|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Emergency & Safety |
| <input type="checkbox"/> Media & Broadcasting | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Justice & Legal | <input type="checkbox"/> Other: |

III. EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship: _____

Emergency Contact Phone Number:

Medical Physician's Name:

Medical Physician's Phone Number:

Medical Physician's Address :

(Street)

(City)

(Zip)

Are there any medical conditions, medications, or disabilities that GJVCI should know of?



IV. PERSONAL REFERENCES

1. Have you ever been convicted of a misdemeanor or a felony?

Yes

No

2. If yes, please give nature and disposition of offense.

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

Applicant Signature: _____

Date: _____

If under 18, please provide an adult guardian signature as well

Thank you for your interest in the GVJCI Volunteer Program!