



CONFIDENTIAL Volunteer Information Form

I. General Information

Name: _____ Preferred Nickname: _____
(First) (Last)

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

Phone Number: _____ Best time to call: _____
This is my: Home Cell Work

Email Address: _____ DOB: _____
(MM/DD/YY)

II. Volunteer Interest

Why are you interested in volunteering at the GVJCI?

What volunteer position(s) do you seek? Any previous experience?

What time commitment do you desire? Length of time? Days, hours?



III. Emergency Contact

Person who we can contact in case of an emergency:

(Name)

(Relationship)

(Phone)

(Medical Physician's Name)

(Office Phone)

(Physician's Address)

IV. Personal References

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

Yes No

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.

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

How did you learn about the GVJCI Volunteer Program?

If an individual referred you, please list name:

(Name)

(Relationship)

Applicant Signature: _____ Date: _____

If under 18, please provide an adult guardian sign as well: _____

Thank you for your volunteer interest at the GVJCI!