



Volunteer Application

General Information:

Last Name: _____ First Name: _____

Home Address: _____ City: _____

Zip Code: _____

Phone: () _____ Email: _____

Emergency Contact:

Name, Relation ()
Phone

School Currently Attending (if applicable): _____
Grade: _____

I prefer to be contacted by: Cell Email Other: _____

Gender: Male Female Date of Birth: ____/____/____

Please answer the following questions:

Days & Hours Available: (example: 2-6:30 pm)

Monday Tuesday Wednesday Thursday Friday

Reason for Interest in Volunteering: (check only one)

Court Ordered, Reason: _____ Helping my community Other:

What do you hope to accomplish as a volunteer?

Is there any specific type of training or knowledge that you feel may benefit your volunteer service at FHCCGLA?

In order to make accommodations as necessary, please list any physical or mental disabilities that you feel we should be made aware of:

