

Volunteer Application

Contact Information

Name	
Street Address	
City, St, Zip Code	
Primary Phone	
Secondary Phone	
E-Mail Address	
Birthday	
Social Security Number	
Employer	
Employer phone	

Availability

During which hours are you available for volunteer assignments?

Mornings (Preferred Times: _____) Afternoons (Preferred Times: _____)

Monday Tuesday Wednesday Thursday Friday Weekends

Please specify any days/times of unavailability: _____

Interests

Tell us in which areas you are interested in volunteering

- Call Center (taking phone orders, transferring calls, answering general questions, etc.)
- Food Prep (preparing baking sheets, chopping ingredients, line work, etc.)
- Culinary (baking, frying, food assembly, etc.)
- Administration (organization, filing, clerical, etc.)
- Deliveries (assisting delivery service, driving delivery vehicles, packaging, etc.)
- Volunteer coordination (calling volunteers to schedule times, arranging appreciation events, etc.)
- Special events (setup/take down, serving dishes/drinks, reception table, auction table setup, etc.)
- Newsletter production (graphic design, writing, editing, etc.)

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. (Legal skills, accounting skills, computer skills, culinary skills, special permits/licensing, etc.)

Previous Volunteer Experience

Please tell us about your previous volunteer experience. (If none, please specify)

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References

Name	
Phone	
Relation	
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Name	
Phone	
Relation	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Primary Phone	
Secondary Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth herein 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. As well, I hereby authorize The Guthrie Opportunity Center and its designated agents and representatives to conduct a comprehensive **background check** to be generated for volunteer purposes.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of The Guthrie Opportunity Center Foundation to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. All volunteering will be at an "at-will" basis, with no obligations to the volunteer or the organization for work provided.

Please turn in the finished application at On-The-GO Foods, or scan and email them to Cindy Hutchins at cindy.hutchins@gocenter.org