



# Volunteer Information

\_\_\_\_\_, Volunteer Coordinator  
\_\_\_\_\_.@womenofgilgal.org

**Thanks for your interest in volunteering with Gilgal!** Please complete all of the following information.

Today's date \_\_\_\_\_

Name \_\_\_\_\_ Work phone \_\_\_\_\_

Street+ City + Zip Code Please \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

Would you like to receive our monthly email of Gilgal News and Needs? \_\_\_\_\_

**This is a list of all volunteer opportunities and skills utilized in Gilgal's programs.**

Please  checkmark all skills you're willing to share with Gilgal if needed, and **circle** your first choices.

- Gardening
- Tech center/Computer lab
- Fundraising
- Financial mgmt / budget counseling
- Lead or Resource Volunteer
- Legal / Accounting
- Office assistance
- Meal provision
- Interview skills
- Counseling/listening skills
- Board / Advisory Council
- Speaking / Information fairs
- PR/Marketing
- Newsletter layout/editing
- Photography for events/press releases
- Events management / assistance
- Moving help/ w/truck?
- Repairs / Maintenance
- Carpentry / construction
- Languages other than English
- Specify \_\_\_\_\_
- Training adults / Specify topic \_\_\_\_\_

**What hours are you available? Please indicate all possibilities.**

- Weekday Mornings
- Weekday Afternoons
- Weekday evenings
- Overnight Fri or Sat

**Experience: Please list past employment and volunteer experiences.** \_\_\_\_\_

How did you hear about us?  Newspaper  Church \_\_\_\_\_

United Way  Hands On Atlanta

Gilgal Staff / Board of Directors  Other \_\_\_\_\_

**Gilgal, Inc.**

Post Office Box 150777, Atlanta, GA 30315-0777  
Tel: 404-305-8007 • Fax: 404305-8009

**If you belong to other associations or groups that might like to have a speaker from Gilgal, would you consider providing group and contact information?** \_\_\_\_\_

**Please provide names and telephone numbers of two personal references who are not family members:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature please...**

I certify that all of the information I have provided here is true and complete. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or later dismissal.

I also agree to protect the privacy of Gilgal's clients and to respect rules, staff, volunteers, other persons, and property. I agree to remove myself from the program at the request of Gilgal for any failure to follow this code of conduct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Background Check Release**

All volunteer positions involving contact with clients require a criminal background check. Please review this information and sign below.

I, \_\_\_\_\_ (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ (middle initial)

of \_\_\_\_\_ (complete address please)

hereby authorize any federal, state, or local repository of criminal records to release all information on file to Gilgal, Inc.. I authorize Gilgal, Inc. and/or any authorized agent to gather this information at any time during my association as a volunteer with Gilgal, Inc..

I understand this information will be used only for the purpose of assessing my fitness to volunteer and will be treated as confidential.

Date of birth \_\_\_\_\_ Social Security# will be needed if you drive agency vehicles \_\_\_\_\_

Race / Ethnic Background \_\_\_\_\_ Sex / Gender \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** Release is given for promotional use of any photos or videos taken while participating in functions conducted by Gilgal, Inc. or its programs.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Staff use: Date of Volunteer training \_\_\_\_\_ For Fin Mgmt teachers, date of training \_\_\_\_\_*

Last updated: 10/14

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