



GSC Volunteer Application

Date: _____ Thank you for your interest in volunteering at GSC- volunteers are truly the life blood of our organization and we look forward to working with you!

Your Name: _____

How did you hear about us? _____

What is your availability/preferred time for volunteering? (check as many as apply)
_____ Weekdays _____ Evenings _____ Weekends

Volunteer Opportunities

Please put a check next to the types of opportunities you would be interested in helping out with:

- | | |
|---|---|
| <input type="checkbox"/> Administrative tasks/mailings | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Help with flyer/poster distribution | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Writing for <i>Highlights</i> (our newsletter) |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> Computer Lab Helper | <input type="checkbox"/> Teaching a class in: _____ |
| <input type="checkbox"/> Tech Help with Office Computers | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Other --tell us what you'd like to do and we'll see if we can make it happen: | |

What prior experience do you have volunteering?

Do you have any scheduling/health restrictions or concerns about volunteering?

Are you a GSC/PNA Member? (Circle One) YES NO

Your Contact Information

Your Address: _____ City: _____ Zip code: _____

Phone: Day () _____ Evening () _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Relationship to you? _____

Would you like to be added to our mailing list and receive our newsletter and mailings about upcoming events? (Circle one) YES NO

What is the best way to reach you about volunteering? _____