



Volunteer Application

Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
Cell Phone		Date of Birth	
E-Mail Address			

Availability

During which hours are you available for volunteer assignments?

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Interests

Tell us in which areas you are interested in volunteering – select all that apply!

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Shopping or Errands |
| <input type="checkbox"/> Visitation & Will calls | <input type="checkbox"/> Family Caregiver Respite |
| <input type="checkbox"/> Housework/meal prep | <input type="checkbox"/> Paperwork |
| <input type="checkbox"/> Yard work or snow removal | <input type="checkbox"/> GSIVC office volunteer |

Physical Limitations

Do you have any physical limitations? Yes No

If yes, please describe:

Good Shepherd Interfaith Volunteer Caregivers

Transportation Volunteers

We cover all of Jefferson County & provide some services in Berkeley.
How far are you willing to drive?

Do you own your own vehicle? Yes No Type of Vehicle: _____

License Plate Number: _____ State Issued: _____

Transportation volunteers must provide a copy of their current driver's license and vehicle insurance card.

Employment History

Are you presently employed? Yes No

If yes, where?

Provide a brief summary of your employment history.

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.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Good Shepherd Interfaith Volunteer Caregivers

Person to Notify in Case of Emergency

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address			

Personal References – provide at least three and not more than five.

Name	Relationship	Phone

Agreement and Signature

I understand that I must agree to submit to a background check at my own expense (\$15.00 in order to be considered for service to the vulnerable populations being served by the organization. More information will be provided on a separate form.

SSN: _____

I understand that I am required to participate in an orientation session before becoming an active Good Shepherd Caregivers volunteer.

By submitting this application, I affirm that the facts set forth in it 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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

You may email this form to:

info@gsivc.org

Or print and mail it to us at:

GSIVC

P.O. Box 1882

Shepherdstown, WV 25443