

Volunteer Application

Please print clearly and fill out the application in its entirety

Name *(first, middle and last)* _____

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____
Please include area codes cell home work

Preferred method of communication *(please circle)*: cell home work Best time to call: _____

Male () Female () Email _____

Date of Birth _____

Employer _____ Position _____

Work Address _____

City _____ State _____ Zip _____

Why are you interested in volunteering at the Gate House shelter?

How did you hear about the Gate House Shelter? () Word of Mouth () Newsletter () Event () Board Member

I would like to be considered for the following volunteer opportunities: (you may select more than one)

- () After school program volunteer () After school program Coordinator volunteer () Administrative Volunteer
() Fundraising Assistant Volunteer () Maintenance Volunteer () Painting Volunteer

When are you interested in volunteering:

Please list any languages that you speak, read and/or write fluently, in addition to English:

Have you volunteered for other organizations? Yes No

Organization Name: _____

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program please include any hobbies or special talents:

Have you ever been charged with or convicted of the following: (please check yes or no)

a) Felony? Yes No

b) Misdemeanor Yes No

If you answered Yes to any of the above items, please explain.

The Gate House Shelter has my permission to:

Run a background check on me (required to volunteer at the Gate House). Yes No

Please provide your social security number:

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer at The Gate House Shelter, THACC.

Your Signature

Date

Release for Publication Please initial below

During the course of your volunteer experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny The Gate House Shelter, THACC permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of The Gate House Shelter, THACC. By granting permission below, you hereby release and hold harmless The Gate House Shelter, THACC. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

I give consent to be photographed and/or videotaped for publication

I do not give consent to be photographed and/or videotaped for publication

Medical Information

Do you have any health conditions that The Gate House Staff should be aware of? YES or NO If yes, please explain.

Emergency Contact

First & Last Name

Relationship

Phone Number

Once your application is completed, please mail it to: Thomas
Dougher · 1 Gatehouse Drive · Danville, PA 17821 Questions:
570-275-6766