



VOLUNTEER EXPERIENCE

Have you volunteered before? Yes No
Name of agency: _____
Volunteer Position: _____

EMERGENCY CONTACT

Name: _____ Relationship to Volunteer: _____ Phone: _____
Name: _____ Relationship to Volunteer: _____ Phone: _____

DRIVING INFORMATION (Volunteer Driver ONLY)

If you are volunteering for a position that requires driving, GCSS requires a valid driver's license, current DMV driver's record, and proof of automobile insurance.
Insurance Carrier: _____ Policy #: _____

BACKGROUND CHECK

All volunteers having contact with seniors will be required to complete a background check.
Staff will provide the information to complete the background check.

SELF-CERTIFICATION

I self-certify that all statements made on this application are true, complete, and correct to the best of my knowledge.
Signature of Volunteer Applicant: _____ Date: _____

PARENTAL/ GUARDIAN CONSENT (to be completed if volunteer applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to GCSS. I also give GCSS my consent to obtain any emergency medical treatment necessary for the safety of my child.
Signature of Parent/ Guardian: _____ Date: _____
Printed name of Parent/ Guardian: _____
Printed name of Volunteer Applicant: _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING TO SUPPORT SENIORS IN OUR COMMUNITY!