



GSA

Great Services Association

Application

Our organization encourages the participation of anyone who supports our purpose. If you agree with our purpose, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate opportunity for you.

Thank you for your interest in our organization!

Date: _____

Name: _____ *Familiar Name:* _____

Date of Birth: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Email:* _____

Any experiences and/or skills you have that you feel would benefit our organization?

What lead you to choose Great Services Association to be a part of?

How do you feel Great Services Association would benefit from your involvement with the organization?

Please indicate days available (circle all that apply):

Sun Mon Tues Wed Thurs Fri Sat

Times available: From _____ to _____

Any physical limitations? _____

Emergency contact: _____

As a member of the organization, Great Services Association, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, trustees & affiliates, cannot assume any responsibility for any work I perform with the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I have also received a copy of the Great Services Association By-laws & Confidential Agreement.

Name (Print): _____

Name (Signature): _____

Date: _____

Non-Refundable Application Fees

Trustee - \$125.00

Member - \$30.00

Volunteer - \$10.00

Acceptance of Application:

Accepted ***Denied***

Date of Acceptance: _____

Signature: _____