

GVSS (Grimes Volunteer Support Services) Volunteer Yard Work Application

Last Name _____ First Name _____ Date _____

Address: _____ City _____ Zip _____

Home Phone _____ Cell Ph. _____

Email Address _____

Emergency Contact _____ Emergency Contact Phone _____

____ Age Date of Birth _____ Group _____

If under 18 years of age, please have parent or guardian sign below.

Parent or Guardian Signature Date _____

Please list organizations for which you currently or previously volunteer: _____

How did you hear about Grimes Volunteer Support Services? _____

Areas in which you are interested in volunteering:

	Yard work		Snow removal		Special Events

Please indicate the times you **are** available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list two (2) references, one of which should be volunteer/work related, if possible:

1. Name _____ Phone: _____

Address: _____ Relationship: _____

2. Name _____ Phone: _____

Address: _____ Relationship: _____

1. I certify that the answers and information provided in the Volunteer Application are accurate and complete to the best of my knowledge. I acknowledge that if any of the information provided is not accurate or complete, I may be denied the opportunity to provide volunteer service.
2. I authorize the GVSS to investigate all statements contained in this application for volunteer service, as well as my character and qualifications. I release the GVSS from all liability for acts performed in good faith in connection with said investigation and evaluation of my application.
3. I understand and agree that I am not employed by the Grimes Volunteer Support Services, and that the relationship between the GVSS and me may be terminated at any time by either party.
4. I understand and agree that as a volunteer I must conform to all of the GVSS rules and regulations.
5. I understand that information I have provided on my volunteer application is confidential. I further understand and agree that information I obtain or learn while assisting a client shall also remain confidential.
6. I understand that as a volunteer, I am not allowed to receive any payment, tips, or reimbursement for any service provided to a client.
7. I hereby certify that I DO NOT have a record of founded child and/or dependent adult abuse.
8. I hereby certify that I have never been convicted of a serious misdemeanor or a felony.

Signed this _____ day of _____, 201____.

Volunteer

Please review the information below carefully. You may print this form, sign it and bring it to your interview, or one will be provided to you during your interview. Thank you!

If you wish, you may mail it to: GVSS, Box 273, Grimes, IA 50111-0273

Approved: May 21, 2013