



a place where peace is lived and learned and hope is shared

Volunteer Application

First Name: _____ **Last Name:** _____

Home Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Email: _____

Gender: ___ Male ___ Female **Date of Birth:** _____

Education: ___ High School ___ College ___ Other – Please Specify: _____

Languages spoken fluently (other than English): _____

Have you ever volunteered at The Gray House before? ___ Yes ___ No

If yes, when? _____ What program? _____

Are you volunteering to meet a certain requirement? If so, what is needed to meet this requirement? (i.e. # of hours, time frame, supervision):

Availability (Please list all **days** of the weeks and **times** you are available to volunteer):

Program you are interested in:

___ Kids' Club After School ___ Kids' Club Summer ___ Adult Education
___ Food Assistance ___ Maintenance/Cleaning ___ Administration Other: _____

What skills do you have?:

___ Computer/Administrative ___ Social Media ___ Writing
___ Manual Labor ___ Teaching ___ Youth development ___ Graphic Design

Other:

Once completed, please email this form to volunteer@grayhouse.org

Staff Use: Date Rec'd: _____ **Program Assigned to:** _____ **Date to Begin:** _____