



Girls Inc. of the Island City
Volunteer Application

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Best way to contact you: _____

Have you volunteered for any other organizations? Which ones?

Why do you want to volunteer at Girls Inc. of the Island City?

What special skills or knowledge will you bring to Girls Inc.?

How did you hear of Girls Inc. of the Island City? _____

Languages spoken other than English _____

Date you can start: _____

When are you available to volunteer? Please list days and times: _____

Type of volunteer work you're interested in:

_____ Mailing Parties

_____ Facilities Repair/ Renovation

_____ Special One Time Events:

_____ Annual Holiday Sale

_____ See Jane Run

_____ Girls Take Charge Summit

_____ Women Who Dare Annual Benefit

_____ Women of the 21st Century Fundraising Events

_____ Annual Phone-a-thon

_____ Office Work, answering phones, data entry, database maintenance



_____ Courageous Women Speaker

If you are interested in being a Courageous Woman Speaker in the space below please describe the topics you would be willing and interested in speaking on.

_____ Website development

_____ Computer assistance

_____ Marketing and PR

_____ Fundraising Assistance

_____ Activity Assistant (on-going)

If you would like to be an activity assistant please check your interests:

- | | | |
|-------------------------|-----------------------|-------------------------|
| _____ Computers | _____ Arts and Crafts | _____ Health/ Sexuality |
| _____ Painting/ Drawing | _____ Writing | _____ Dancing |
| _____ Public Speaking | _____ Sports | _____ Photography |
| _____ Games | _____ Math | _____ Gardening |

Activity Assistant Age Group Preference

(Ages 6-8) _____ (Ages 9-12) _____ (Ages 13-18) _____ Any age _____

List experience working with youth: _____

Have you ever been convicted of or pled guilty to any civil or criminal action including misdemeanors?

_____ yes _____ no

If yes, please explain:

Have you ever been found guilty, pled guilty or pled no contest to criminal charges or had felony criminal charges dropped because of the statute of limitations had expired?

_____ yes _____ no

If yes, please explain:

Have any civil lawsuits alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct been successfully prosecuted against you, settled out of court, or dropped because the statute of limitations had expired?



_____ yes _____ no

If yes, please explain:

Education

Highest Level of Education 1 2 3 4 5 6 7 8 9 10 11 12 college 1 2 3 4 graduate 1 2 3 4 5 6
(Please circle)

Name, location

Date graduated

High School: _____

College: _____

Major: _____

Special Training/Other _____

Relevant Work Experience

Present or Past Employer _____

Job Title and Duties _____

Date Employed _____ Phone Number: _____

Ethnicity (optional)

_____ African American

_____ Asian/ Pacific Islander

_____ White

_____ Latina/Latino

_____ Native American

_____ Mixed Ethnicity

Age Group (optional)

_____ Under 18

_____ 18-25

_____ 26-35

_____ 36-45

_____ 45-55

_____ 56-65

_____ over 65

Emergency Contact Person: _____ Phone number: _____

Do you have any medical conditions that we should be aware of? _____

Do you need community service hours? Yes _____ No _____

Start Date _____ (Staff Only Please)

Please Return To:

Toniesha Webb
1724 Santa Clara Avenue
Alameda, Ca. 94501

(updated 2/5/08)