

The Giving Tree Outreach Program
Grace Home
4888 E. Broadway
Tucson, AZ 85711
Ph. 520.320.5437
Fx. 520.881.2271
www.thegivingtreeoutreach.org

Volunteer Application

Print Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

e-mail address _____ Phone _____

Birthday: Month _____ Day _____ Year: _____

Employment history

Employer and Job title _____ Dates of employment _____

Employer and Job title _____ Dates of Employment _____

Please give three references

Name _____

Address _____

City _____ State _____ Zip Code _____

e-mail address _____ Phone _____

Name _____

Address _____

City _____ State _____ Zip Code _____

e-mail address _____ Phone _____

Name _____

Address _____

City _____ State _____ Zip Code _____

e-mail address _____ Phone _____

Emergency phone number _____

Your area of interest _____

Day & time available _____

Previous volunteer experience _____

Fingerprint chart ars. 41/1758.01 _____ Drivers Lic.# _____

1. Have you ever been arrested or convicted of a felony. _____ If so, please explain:

2. Have you ever been convicted of a misdemeanor? _____ If yes, please explain:

3. e you ever been charged with child neglect or abuse? _____ If yes, please explain

4. How did you hear about us?

5. Why would you like to be involved with the G.T.O.P.

Fields of opportunities

Circle what interests you

Feeding Program	Grace Home Children	Data Entry	Clothing Organization
Food Boxes	Internet Management	Tutoring	Special Events Coordinator
Newsletter Editor	Answer phones	Case Management	Front Desk

If your interest is in working with children a background check, fingerprinting, CPR, first aid and health release will be required.

*I understand that all information I collect as a volunteer at The Giving Tree Outreach Program (G.T.O.P.) and Grace Home, such as **mailing, contributor & resource lists**, as well as any & all **client information, is personal & confidential**. Such information may **not** be provided to any company, organization or individual outside of The Giving Tree Outreach Program (G.T.O.P.) and Grace Home organization without express written permission of the director or the director's designee. I understand I am volunteering my time and have no legal claim to wages, overtime premiums, unemployment compensation or benefits of any kind. I verify that all statements are true and accurate and do hereby release the G.T.O.P. from all liabilities regarding my volunteerism for their organizations. I also understand that the G.T.O.P. must run a background check of all volunteer applicants, and I hereby authorize to do so.*

Applicant's signature: _____ Date _____

Interviewer's signature _____ Date _____

Director's Signature _____ Date _____