



GIRLS INCORPORATED OF GREATER SANTA BARBARA
VOLUNTEER APPLICATION

PERSONAL DATA:

Name: _____ Email: _____

Address (home): _____

City: _____ Zip Code: _____ Phone: _____

Emergency Contact- Name, address, & phone #: _____

EDUCATION:

Circle highest grade(s) completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4 AA BA BS MA Ph.D.

SCHOOL AND LOCATION:

Degree/Diploma

Major/Minor

Dates Attended

<u>High School (last)</u>			
<u>College/University</u>			
<u>Other</u>			

EXPERIENCE: Please list volunteer and work experience of more than 3 months duration. List your most recent employer and/or organization first.

Employer/Organization: _____	From: Month _____ Year _____ To: Month _____ Year _____ = Total _____
Address: _____ City and State: _____ Phone: _____	Type of Business: _____ Immediate Supervisor and Title: _____ May we contact employer: Yes ___ No ___
Position and Duties: _____	
Employer/Organization: _____	From: Month _____ Year _____ To: Month _____ Year _____ = Total _____
Address: _____ City and State: _____ Phone: _____	Type of Business: _____ Immediate Supervisor and Title: _____ May we contact employer: Yes ___ No ___
Position and Duties: _____	

Employer/Organization: _____	From: Month _____ Year _____ To: Month _____ Year _____ = Total _____
Address: _____	Type of Business: _____
City and State: _____	Immediate Supervisor and Title: _____
Phone: _____	_____
Position and Duties: _____	May we contact employer: Yes ___ No ___

CHARACTER REFERENCES:

Please provide a list of references that we may call. Please include any professional individuals with whom you may have worked or know personally.

Name	Phone Number	Relationship to You

INTERESTS:

I am interested in. . .

- Serving on the Girls Incorporated Board of Directors
- Serving on a Girls Incorporated committee
- Helping with Girls Incorporated fundraising events

Working with girls at the
Santa Barbara Center
531 E. Ortega St.

Working with girls at the
Goleta Valley Center
4973 Hollister Ave.

Working with girls in our
Outreach Programs
(locations vary)

Girls Incorporated volunteers make a commitment to visit the centers at least once a week for approximately 10 weeks. Please indicate which day(s) of the week you would be available to volunteer. Homework help is in the evenings between 5:00 p.m. and 6:00 p.m. Mon. – Thursday.

If you are unable to make the commitment, would you like to be called to assist with special events?
Yes No

Why are you interested in this program? _____

How did you hear of our volunteer program? _____

****Should you choose to volunteer to work with children, please note that as we are a licensed childcare organization, all volunteers who work with children on a regular basis must undergo a tuberculosis test.** This test must be completed prior to the time a volunteer begins working with any child. You may have this done through your doctor, or have the test can be done at the Med-Center at 319 N. Milpas. If you go to the Med-Center, the cost to volunteers is \$15-25. The phone number to schedule an appointment is: 805.965.3011.

If you choose to volunteer with events or on committees, you are not required to have the TB testing.

I am in good health.

Your Name

Date

Signature