



**Volunteer Profile:**

**Date:**

***Good News Outreach encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential***

**Contact Information**

Name/DOB(Month/Day)	
Street Address	
City ST ZIP Code	
Home Phone/ Cell	
Work Phone	
E-Mail Address	

**Availability**

During which hours are you available for volunteer assignments?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM _____	AM _____	AM _____	AM _____	AM _____	AM _____	AM _____
PM _____	PM _____	PM _____	PM _____	PM _____	PM _____	PM _____

How did you become aware of volunteer opportunities with Good News Outreach?

**Interests**

Tell us in which areas you are interested in volunteering

- ☐ Receptionist
- ☐ Fundraising
- ☐ Resident Education Programs (Financial literacy, personal growth, health, etc.)
- ☐ Child Youth Programs
- ☐ Food donation and collection
- ☐ Elderly services (visitation, food delivery, etc.)
- ☐ Maintenance/ Handyman
- ☐ Other interests please list

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



### **Previous Volunteer Experience**

Summarize your previous volunteer experience.

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### **References**

Name	
Email/ Phone Number	
Years Known/ Relationship	

### **Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home/ Work Phone	
E-Mail Address	

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. My signature indicates that I understand a criminal background check may be necessary prior to my volunteering.

X _____
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Date: _____
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Please email, fax, and or mail/ bring application to:  
Volunteer Services  
347 Office Plaza Dr. Tallahassee, FL 32301  
Mail to: P.O. Box 3304 Tallahassee, FL 32315-3304