

# Georgia Center of the Deaf and Hard of Hearing

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Referred By: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_M \_\_\_\_\_F

Dates and time you are available to volunteer:

Days of the week: \_\_\_\_\_

Times of the day above: \_\_\_\_\_

### **Types of Volunteer Activity Preferred:**

\_\_\_\_\_ Advocacy \_\_\_\_\_ Research \_\_\_\_\_ Information & Referral

\_\_\_\_\_ Office/Clerical \_\_\_\_\_ Booth/Exhibition \_\_\_\_\_ GCDHH Promotion

\_\_\_\_\_ Fundraising \_\_\_\_\_ Deaf/Hard of Hearing Awareness Activities

\_\_\_\_\_ Senior Citizen Activities \_\_\_\_\_ Events Committee-Annual Meeting/ Special Functions

Do you have experience in any of these activities? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_Yes \_\_\_\_\_No

Please indicate any volunteer groups you are affiliated with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History/Experience**

What do you feel that you can (personally) gain from volunteering at GCDHH?  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel that you could be effective as a Volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Interests/Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Professional History: \_\_\_\_\_  
\_\_\_\_\_

Experience with Individuals who are Deaf, Hard of Hearing or Late Deafened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Skills:**

Public Speaking	_____	Event Leadership	_____
Business Writing	_____	Computers	_____
Graphic Design/Layout	_____	Other (specify)	_____
			_____

**Volunteer Experience:** Please list your previous volunteer jobs, dates, supervisor, phone number, and what you enjoyed most/least about each experience. (Use the back of this page if you need more room).

**Agency:** \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Agency:** \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Agency:** \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_