



Gilda's Club South Florida Volunteer Application Form

Date: _____

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

please provide the most convenient number

Place of Employment: _____

Previous Volunteer Experience: _____

Physical Limitations: _____

Why are you interested in volunteering at Gilda's Club and how did you hear about us?

Areas of Interest: *Please Check ALL that apply.*

____ Clubhouse Events ____ Clubhouse Support ____ Noogieland
____ Fundraising Events ____ Outreach

Any hobbies or special talents?

Are you a Member of Gilda's Club? Yes No If so, have you participated in a support group in the last 6 months? _____

Are you Bilingual? Yes No If so, what language? _____

Computer Skills: *Please Check ALL that apply.*

____ MS Word ____ MS Excel ____ MS PowerPoint ____ Adobe Photoshop
____ MS Publisher ____ Raiser's Edge ____ Other (Please List) _____

Availability: *Please Check ALL that apply.*

____ Morning ____ Afternoon ____ Evening ____ Weekends
____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Staff Use Only:

Volunteer Orientation Date & Time: _____ Member: Yes No

Background Check Complete for Noogieland: Yes No Assignment: _____



General Release Liability

Please Print Clearly

I, _____, hereby release Gilda's Club, Inc., Gilda's Club South Florida, affiliates, board members, directors, officers, employees, representatives, and agents of the above establishments harmless from any and all loss claim, personal injury, damage or liability sustained or incurred by me resulting there from. I accept full responsibility for my participation in all events at Gilda's Club South Florida. This is a **full release** from any and all claims given in consideration for Gilda's Club South Florida, its directors and employees regarding the above mentioned events.

Printed Name: _____
Signature: _____

Date: _____

Emergency Contact Name: _____
Emergency Contact Number: _____

Relationship: _____

Photo Release

Gilda's Club South Florida has permission to utilize any **photographs and videos** taken of me for its publicity, promotion and educational purposes.

Signature: _____

Date: _____

Open Door Policy & Grievance Procedure

We stand for the principles of fair and equitable treatment. We are committed to open, two-way communication to accomplish the prompt, effective resolution of concerns, complaints or conflicts.

If you have a problem, suggestion, question or complaint, speak and Gilda's Club South Florida staff person. Express your views succinctly in a fair and honest manner. No one will be penalized for offering constructive criticism. If you are not satisfied with the outcome of this discussion, the next step is to approach the President/CEO to rectify the situation.

Signature: _____

Date: _____