



Gilda's Club Twin Cities VOLUNTEER APPLICATION

Gilda's Club Twin Cities gathers information about every visitor who comes through our doors to help us better understand the community we serve. All personal information will be kept confidential, and is optional. **PLEASE PRINT CLEARLY. THANK YOU!**

Date: _____

First Name: _____ **M.I.** _____ **Last Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Address: Home Home Mailing Only Work Work Mailing Only Seasonal (List Dates): _____
Phone: (Home) _____ (Cell) _____ (E-Mail): _____
Employer: _____ **Job Title:** _____
Sex: M F **Date of Birth:** ____ / ____ / ____ **Preferred Method of Contact:** Any Email Mail Phone
May we add you to our general mailing list regarding upcoming events and Gilda's Club updates? Mail: Yes No Email: Yes No

How did you hear about GCTC? Doctor Nurse Social Worker Friend/Family GCTC Staff/Board/Volunteer
 TV/Radio Print Media Social Media Our Website Outreach Event
 Mental Health Professional Other _____
Name of person who referred you _____

THE FOLLOWING QUESTIONS ARE OPTIONAL AND HELP GCTC TO BE ELIGIBLE FOR CERTAIN FUNDING AND GRANTING ORGANIZATIONS:

Race/Ethnicity: White (non-Hispanic) Black/African American (Not Hispanic) White- Hispanic Black – Hispanic
 American Indian/Alaska Native/ First Nations Asian/Pacific Islander Other _____
Insurance: Medicare only Medicare + private Medicaid/UCare Private Insurance Uninsured
Employment Status: Employed full-time or part-time On medical leave Disabled Not employed Retired
Annual Household Income: under \$25,000 \$25,000-49,999 \$50,000-74,999 \$75,000-99,999 over \$100,000
Since we are a non-profit organization that does not charge for our services, we rely solely on donations to underwrite our programs. The provided information will help us secure funding. The information provided to funders will be only in terms of combined demographic data of all participants with no identifying information. Your answers to these questions will, in no way, affect your ability to access all programs at Gilda's Club Twin Cities at no charge.

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** _____
Reference 1:
Name: _____ **Relationship:** _____ **Phone:** _____
Email: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Address: Home Home Mailing Only Work Work Mailing Only
Reference 2:
Name: _____ **Relationship:** _____ **Phone:** _____
Email: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Address: Home Home Mailing Only Work Work Mailing Only

For Office/Data Input Only: Volunteer Group: _____ Manager: _____ Category: _____ Data Input Date: _____

Gilda's Club Twin Cities
VOLUNTEER APPLICATION

SKILLS AND INTERESTS

What are your skills and interests? Feel free to write in additional skills or interests below.

Skills and Interests		
<input type="checkbox"/> General Office Work <input type="checkbox"/> Computers <input type="checkbox"/> Data Entry <input type="checkbox"/> Web Design / Development <input type="checkbox"/> Cleaning <input type="checkbox"/> Answering Phones / Hospitality <input type="checkbox"/> Writing / Proofing / Editing <input type="checkbox"/> Graphic Design / Layout <input type="checkbox"/> Fundraising / Development Support <input type="checkbox"/> Grant Writing <input type="checkbox"/> Research <input type="checkbox"/> Accounting / Bookkeeping <input type="checkbox"/> Human Resources <input type="checkbox"/> Driving	<input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Working with Children <input type="checkbox"/> Working with Teens <input type="checkbox"/> Speaking a Foreign Language <input type="checkbox"/> American Sign Language <input type="checkbox"/> Singing / Playing an Instrument <input type="checkbox"/> Cooking/ Nutrition <input type="checkbox"/> Music <input type="checkbox"/> Dancing <input type="checkbox"/> Knitting / Sewing / Quilting <input type="checkbox"/> Exercise <input type="checkbox"/> Library Sciences <input type="checkbox"/> Teaching / Tutoring <input type="checkbox"/> Hearing / Sight Impaired Support	<input type="checkbox"/> Landscaping / Gardening <input type="checkbox"/> Construction <input type="checkbox"/> Painting <input type="checkbox"/> Electrical / Plumbing <input type="checkbox"/> Event Planning <input type="checkbox"/> Public Speaking <input type="checkbox"/> Community Outreach <input type="checkbox"/> Photography / Photo Editing <input type="checkbox"/> Videography/ Video Production <input type="checkbox"/> Manual Labor / Heavy Lifting <input type="checkbox"/> Project Management <input type="checkbox"/> Legal Information <input type="checkbox"/> Volunteer Management

Other: _____

Availability

Are you interested in volunteering:

- On a regular basis (once a week, twice a month, etc)
- For one specific event (Annual Breakfast, Golf Event, etc)
- As needed (for volunteer committees, specific events, or responding to requests for volunteers)

Availability						
Weekends		Weekdays				
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime

List any health/physical limitations, including allergies: _____

Gilda's Club Twin Cities
VOLUNTEER PRIVACY AGREEMENT

I, _____ hereby agree to keep all information about
Printed Name of the undersigned, or Parent/Legal Guardian for Child/Teen

members, donors, vendors and colleagues of Gilda's Club Twin Cities in which I volunteer. I understand that the trust and safety of members will depend upon my commitment to privacy. Specifically, I will not discuss facts, cases, or personal information about members, donors, vendors and colleagues with the media, my family, my friends, or people in the community.

I Agree that:

*(all fields **must** be checked to be eligible to volunteer with GCTC)*

- I will not discuss a member, donor, vendor, or colleague with another agency or organization without prior Gilda's Club Twin Cities staff approval and written consent.
- I will not photocopy or remove from the clubhouse any file or document belonging to Gilda's Club Twin Cities without prior consent of Gilda's Club Twin Cities staff.
- This agreement has been explained fully and I understand my responsibility to keep all Gilda's Club Twin Cities information private.

I hereby Authorize:

*(all fields **must** be checked to be eligible to volunteer with GCTC)*

- Gilda's Club Twin Cities and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that this may include, but is not limited to: credit reports; current and previous residences; employment history; education history; education background; character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. *I wish to receive a copy of any Background Report that is requested*

(Printed Name)

(Signature)

(Email Address)

(Date)

In the case of a minor, this form must be authorized by a parent or legal guardian:

(Name of Child/Teen)

(Relationship to Child/Teen)

(Date)

(Printed of Name Parent/ Guardian)

(Signature of Parent/ Guardian)

For Office/Data Input Only: Volunteer Group: _____ Manager: _____ Category: _____ Data Input Date: _____

Gilda's Club Twin Cities
MEDIA RELEASE

I, _____ hereby consent and authorize
Printed Name of the undersigned, or Parent/Legal Guardian for Child/Teen

Gilda's Club Twin Cities (GCTC) to record photographs, video, and other recordings of my self, name, likeness, and performance at GCTC activities and events in accordance with my statement below.

In addition, I consent and authorize GCTC to use the above photographs, video, and other records as they see fit in broadcast, publicity, social media, public service announcements, training, teachings, research, podcasts, educational publications both in print and online, and other uses in accordance with my statements below.

My permission for the listed uses of recordings and photographs of my self, name, likeness, and performance will remain in effect from the date of my signature below until I contact GCTC in writing to discontinue this permission for future use, or request specific recordings or photographs be exempt from this agreement in writing.

***Check any or all of the statements below:**

- PHOTOS:** for use in and around the clubhouse, in newsletters, outreach and fundraising publications, websites, social media accounts, and use in online, television, print, or other news publications
- VIDEOS:** for online, television, or news publications; outreach purposes (i.e. schools and community organizations); fundraising events; GCTC website; GCTC social media; and to be shown at Gilda's Club Twin Cities to members, guests, and community members

OR:

- I DO NOT** wish to have photographs or recordings of my self, name, likeness or performance use in any of the forums listed above, or any others not specifically enumerated

(Signature of Media Release Subject)

(Date)

In the case of a minor, this form must be authorized by a parent or legal guardian:

(Name of Child/Teen)

(Relationship to Child/Teen)

(Date)

(Printed of Name Parent/ Guardian)

(Signature of Parent/ Guardian)