



# GRACE Marketplace

## VOLUNTEER APPLICATION

Equal access to programs, services and volunteering is available to all persons.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's License Number/State:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**If necessary, best time to call you at home:** \_\_\_\_\_

**May we contact you at work?** \_\_\_\_\_ If yes, work number and best time to call: \_\_\_\_\_

**Have you submitted a volunteer application here before?** \_\_\_\_\_

If yes, please give dates: \_\_\_\_\_

**Have you ever been employed here before?** \_\_\_\_\_

If yes, please give dates: \_\_\_\_\_

**Have you been convicted of a felony in the last seven (7) years?** \_\_\_\_\_

(Such conviction may be relevant if job related, but does not bar you from volunteering.)

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

\_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_ **Field of Study:** \_\_\_\_\_

**Other Languages Spoken:** \_\_\_\_\_

**Have you had any volunteer experience in the past?** \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Please summarize the skills and qualifications acquired from employment or other volunteer experiences that you could bring to the agency as a volunteer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Opportunities of Service: Please check areas of interest.**

Meal Preparation (Cold ready to serve breakfast/dinner)		Meal Service (Breakfast/Dinner serving prepared meals)	
Overnight Shelter and Data Entry Staff)		Welcome and Intake Staff	
Clothes Closet		Washroom Attendant	
Laundry (bedding and towels only)		Community Outreach	
Running small lending library		Public Relations (Newsletter)	
Food Pantry		Resettlement Assistant	
Haircuts for men and women		Office assistant	
Assist Volunteer Management and Recruitment		Support Group Facilitator	
Website Maintenance		Transportation Assistant	
Maintain Program Eligibility spreadsheet		Mentor/Advocate	
Fundraising/Special Events		Direct Client Services	
Re-establish/Oversee Faces of Homelessness		Child Care	
Social Media		Other:	

**References**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known

I attest that the answers given on this application are true and complete to the best of my knowledge. I am freely and without coercion volunteering my time to assist GRACE Marketplace. I understand that my activities will be a public service to the citizens living in and around the city of Gainesville.

I further understand that I will not be compensated for my volunteer activities. I also agree that as a volunteer for GRACE Marketplace. I will keep all material and information with regard to agency activities, clients and/or personnel in the strictest confidence, and I give GRACE Marketplace permission to check my references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date

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**Please return your completed application to:**  
**North Central Florida Coalition for the Homeless and Hungry**  
**2845 NE 39<sup>th</sup> Ave.**  
**Gainesville, FL 32609**

**Or e-mail to: [acch.asst@gmail.com](mailto:acch.asst@gmail.com)**  
**Or complete it online at: [www.acch.org](http://www.acch.org)**