



Volunteer Application

Thank you for your interest in becoming a volunteer with Gilda's Club Madison!

For office use:

Date of 101: _____

PID: _____

Notes: _____

Today's Date: _____

Please direct information to: Home Work

Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell _____

Home E-mail _____

Company where you work (if applicable) _____

Work Address _____

City _____ State _____ ZIP _____

Work Phone _____ Work E-mail _____

Volunteer Opportunities

Please check all areas of interest/expertise.

Program & Admin Team

- Noogieland Childcare Assistant (additional training required)
- Workshop/ Lecture Presenter
Topic: _____
- Assist with social activities (potluck dinners, parties, etc.)
- NoogieFest (annual Halloween party)
- Library/ Resource
- Greeter
- Goodie Gang
- Administrative (office & computer)

House Team

- House Beautiful Team (inside/outside)
- Handy Person
- Errand Runner/ Delivery Person

Community Outreach Team

- Speakers Bureau
- Gilda's Ambassadors
- Special Events & Fundraisers

Other

- _____

Please check the best times available:

	9a-12p	12-4pm	4-6pm	6-9pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Please check how often you would like to be involved?

A few hours a month		Weekly	
A few hours a week		As needed	
A few days a month		Special Events	

Describe your **skills/experience**:

Describe your **reasons for wanting to be a volunteer** at Gilda's Club:

Describe **any previous volunteer experience**:

Please List One Reference (other than family):

Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell _____

Home E-mail _____

I give consent for the people listed above to be contacted as a personal and/or professional reference for me to be provided in confidence to Gilda's Club Madison.

Applicant's Signature _____ Date _____

Volunteer Release of Liability and Confidentiality Agreement

I recognize that any and all information shared with me as part of my duties as a volunteer of Gilda's Club Madison is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. I further release and hold harmless Gilda's Club Madison Wisconsin of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer for Gilda's Club Madison.

Applicant's Signature _____ Date _____

Background Check

I give Gilda's Club Madison Wisconsin permission to do a back ground check.

Applicant's Signature _____ Date _____

Gilda's Club Signature _____ Date _____