

GRASP



Help is within your GRASP!

Volunteer Application

Today's Date: _____ Date of Birth: _____

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email Address: _____

Emergency Contact Information:

Name: _____ Phone: _____

How did you hear about GRASP? _____

Areas of Interest (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Client Services Counselor |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Holiday Projects |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Thrift Shop |

How often would you like to volunteer? (please circle) Weekly Monthly Short-term projects Substitute

Please indicate availability:

| | AM | PM | | AM | PM |
|-----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | Friday | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | Saturday | <input type="checkbox"/> | <input type="checkbox"/> |

What experience would you bring to GRASP?

Why would you like to volunteer at GRASP?

Please list any physical limitations we should be aware of.

Answer all questions. A conviction includes a plea of no contact, a plea of guilty, or any court determination/verdict of guilt.

Have you ever been convicted of a crime against a person? Yes No

Have you ever been convicted of a crime of violence? Yes No

Have you ever been convicted of a crime related to drugs? Yes No

Have you ever been convicted of a crime of theft/larceny? Yes No

Have you ever been convicted in any action of sexual abuse, exploitation or physical abuse? Yes No

If you answered yes to any of the above questions, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offenses was/were committed, sentence(s) imposed, and type(s) of rehabilitation. List all criminal convictions, even if they took place more than 10 years ago.

****Conviction of a crime is not automatic disqualification for volunteer work.**

Application Statement of Understanding

I understand that this is an application for, and not a commitment or promise of a volunteer opportunity. By submitting this application, I affirm that the facts set forth are true and complete. I understand that false statements, omissions, or other misrepresentation may be cause for my immediate refection as an applicant for a volunteer position with GRASP. I agree to have GRASP conduct a background check to be able to work with SC Thrive and Charity Tracker, and I will furnish any information needed for a background check.

Signature

Date

Background Check Information (information will only be used by authorized personnel conducting background check and then it will be destroyed)

Social Security Number

Birthdate (month/date/year)