



GIRLS INCORPORATED OF GREATER SANTA BARBARA
VOLUNTEER APPLICATION

PERSONAL DATA:

Name: _____ Email: _____
Address: _____
City: _____ Zip: _____ Phone: _____
Emergency Contact Name and Phone: _____

EDUCATION:

Highest grade completed:
[]1 []2 []3 []4 []5 []6 []7 []8 []9 []10 []11 []12 []GED
College:
[]1 []2 []3 []4 []AA []BA []BS []MA []Ph.D.

Table with 4 columns: School Name and Location, Degree/Diploma, Major/Minor, Dates Attended. Rows include High School (last), College/University, and Other.

EXPERIENCE: Please list volunteer and work experience of more than 3 months duration. List your most recent employer and/or organization first.

Employer/Organization: _____ Title: _____
From mm/yy: _____ To mm/yy: _____ Type of Business: _____
Duties/Responsibilities: _____
Supervisor Name/Title: _____ Sup. Phone: _____
Address: _____ May we contact? [] Yes [] No

Employer/Organization: _____ Title: _____
From mm/yy: _____ To mm/yy: _____ Type of Business: _____
Duties/Responsibilities: _____
Supervisor Name/Title: _____ Sup. Phone: _____
Address: _____ May we contact? [] Yes [] No

Employer/Organization: _____ Title: _____
 From mm/yy: _____ To mm/yy: _____ Type of Business: _____
 Duties/Responsibilities: _____
 Supervisor Name/Title: _____ Sup. Phone: _____
 Address: _____ May we contact? Yes No

CHARACTER REFERENCES:

Please provide a list of references that we may call. Please include any professional individuals with whom you may have worked, or know personally:

Name	Phone Number	Relationship To You

INTERESTS:

Please check all that apply:

- I am interested in serving on the Girls Incorporated Board of Directors.
- I am interested in serving on a Girls Incorporated committee.
- I am interested in helping with Girls Incorporated fundraising events.

I am interested in working with the girls* at the:

- Santa Barbara Center**
531 E. Ortega Street
- Goleta Valley Center**
4973 Hollister Avenue

Girls Incorporated center-based volunteers commit to visit a center at least once a week for approximately 10 weeks. **Homework help sessions are held between 5:00 p.m. and 6:00 p.m., Mon. – Thursday.** Please indicate which day/s and time/s you would be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

Why are you interested in this program? _____

How did you hear about Girls Inc? _____

* Should you choose to volunteer to work with children, please note that as we are a licensed childcare organization, **all volunteers who work with children on a regular basis must undergo a tuberculosis test.** This test must be completed prior to the time a volunteer begins working with any child. You can arrange for your TB test with the Girls Inc. volunteer coordinator, at (805) 963-4757.

If you choose to volunteer with events or on committees, you are **not** required to have a TB test.

Name: _____ Date: _____

Signature: _____

Please send your completed volunteer application to info@girlsincsb.org