Volunteer Application



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
During which hours are you available	for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
Interests	
Interests	
Tell us in which areas you are interest	ed in volunteering
Office Administration	
Community Outreach	
Annual Events (Planning/Execu	tion)
Fundraising	
Donation Drives	
Inventory & Acquisition	
Newsletter Production	
Team Building	
Special Skills or Qualifica	tions
Summarize special skills and qualifica	tions you have acquired from employment, previous volunteer work, or through other
activities, including hobbies or sports.	
Previous Volunteer Exper	ience
Summarize your previous volunteer ex	

Why Do You Want to Vol	unteer with TGNCK?
Tell us your aims and reasons for volunteering with us at The Good News Community Kitchen.	
What Other Organization	s Do You Work With?
	at you also currently work with (or have worked with in the past).
From organization	,
Person to Notify in Case	of Emergency
	T
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Agreement and Signature	9
	n that the facts set forth in it are true and complete. I understand that if I am accepted as a
	ssions, or other misrepresentations made by me on this application may result in my immediate
dismissal.	
Name (printed)	
Name (printed)	
Signature	
Cignataro	
Date	
Our Policy	
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It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

The Good News Community Kitchen

308 Poplar Alley #B Occoquan, VA 22125