**GOD’S GURL ST. LOUIS CHAPTER VOLUNTER APPLICATION**

**TODAY’S DATE: BIRTHDATE:**

**NAME (Print Legibly)**

**STREET ADDRESS**

**CELL PHONE OK TO RECEIVE TEXT? YES OR NO**

**HOME PHONE**

**EMAIL @ .**

**PROFESSIONAL OR COMMUNITY MEMBERSHIPS, AFFLIATIONS:**

**DESCRIBE ANY RELEVANT VOLUNTEER EXPERIENCE:**

**WHAT ARE YOUR HOBBIES AND SPECIAL INTERESTS?**

**AVAILABILITY: DAYS/TIMES OF DAY**

**PREFERRED AREA OF VOLUNTEER INTEREST:**

**ALLERGIES/MEDICAL CONDITIONS:**

**EMERGENCY CONTACT NAME:**

**EMERGENCY PHONE NUMBER:**

**LOCAL CHURCH YOU ATTEND:**

**ARE YOU A MEMBER?**

**IF YOU SERVE, WHERE DO YOU SERVE IN YOUR CHURCH?**

**PLEASE LIST TWO PEOPLE WHO HAVE KNOWLEDGE OF YOUR PERSONAL AND/OR PROFESSIONAL QUALITIES:**

**NAME: PERSONAL/PROFESSIONAL**

**TELEPHONE NUMBER:**

**NAME: PERSONAL/PROFESSIONAL**

**TELEPHONE NUMBER:**

**SIGNATURE:**