



JANET GOESKE
FOUNDATION

Volunteer Application

Name: _____ Date: _____

Address: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Do you speak other languages? Yes No If so, please state: _____

In what area(s) are you interested in volunteering? (check all that apply)

- Welcome Desk (Reception) Clerical & Organization Lunch Program Special Events Activity
- Instructor Bingo Caller (Saturday/Monday) Bingo Clerk/Helper (Saturday/Monday)
- Travel Escort/Clerical Friday Morning Breakfast (Prep/Helper) Friday Morning Breakfast (Cook)

Other: _____

Do you have special skills & talents to share? Yes No

If so, please state: _____

Do you have any health limitations that would affect or limit your activities as a volunteer?: Yes No

If so, please state: _____

What days are you able to volunteer? (Please indicate below)

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	3 rd Sunday
Morning 8am to 12pm							
Afternoon 12pm to 5pm							
Anytime between/Toda Hora 8am to 9pm							

Volunteer Signature: _____ Date: _____

JGF Staff Signature: _____ Date: _____

Volunteer Information

- ♦ Volunteers must be 18 years or older.
- ♦ JGF cannot participate in providing community service hours toward work or court ordered programs.
- ♦ Volunteers must display and provide excellent customer service with respect to patrons, fellow volunteers, vendors and staff.
- ♦ Volunteers must display and provide a courteous, professional and positive demeanor at all times.

Office Use Only

Interview Date: _____

Interviewed by: _____

Background Check Performed: Yes No Comments: _____

Assigned Tasks: _____

Assigned Schedule: _____