



Volunteer Application

Full Name: Date:
Last First M.I.

Address:
Street Address Apartment/Unit #

City State ZIP Code

Phone: Email:

Date Available: Are you at least 18 years of age?

Position Applied for:

Are you a citizen of the United States? If no, are you authorized to work in the U.S.?

Have you ever worked for this company? If yes, when?

Have you ever been convicted of a felony?

If yes, explain:

Education

High School: Specialty:

From: To: Did you graduate? Diploma:

College: Specialty:

From: To: Did you graduate? Degree:

Other: Specialty:

From: To: Did you graduate? Degree:

References

Please provide the names of 2 professional references (professor, teacher, supervisor or other business acquaintance) and 1 personal reference.

Please notify each reference that he/she will be contacted by G-PACT via email regarding your pending Volunteer Application. Please only give us references where you can provide an email address.

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		

Current / Previous Employment

Are you currently employed?

If YES, how many hours a week do you work?

If not working, are you

Have you ever been fired or asked to resign?

Please list any awards, honors, special skills or qualifications:

WORK EXPERIENCE:

Employer name and Address:

Dates Employed:

Job Title, and Duties:

Employer Name and Address:

Dates Employed:

Job Title, and Duties:

Availability

Please indicate your current available time to volunteer your services to G-PACT:

Do you have consistent internet access?

What experience do you have with Gastroparesis and/or Chronic Intestinal Pseudo-Obstruction?

How do you feel G-PACT could benefit from your service as a volunteer?

How did you hear about G-PACT? Choose an item.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer appointment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date:

NOTE: Criminal background checks are required for volunteers in certain positions. If you are assigned to such a position, we will ask for additional personal information to complete this investigation.

Return completed application to volunteer@g-pact.org