

# GRAND CENTRAL STATION Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Name of Group/Church	

## Availability

When are you available for volunteer assignments?

Weekday: M  T  W  TH  F   
 Saturday  
 Preferred week of the Month

## Skills/Interests

Tell us in which areas you are interested in volunteering/check off as many that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> COOKING               | <input type="checkbox"/> NEWSLETTER             |
| <input type="checkbox"/> SERVING               | <input type="checkbox"/> VOLUNTEER COORDINATION |
| <input type="checkbox"/> ADVOCACY              | <input type="checkbox"/> GENERAL MAINTENANCE    |
| <input type="checkbox"/> CHIEF COOK            | <input type="checkbox"/> DELIVERIES             |
| <input type="checkbox"/> BASIC COMPUTER SKILLS |   |
| <input type="checkbox"/> OTHER: _____          |   |

**Food Handler License Expiration Date** \_\_\_\_\_

<https://graysoncotx.foodhandlerclasses.com/volunteer.aspx>

**Website for "free" food handlers license:**

CLEANING

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

I am 55+

If you are 55+, as a volunteer you are eligible for TCOG's Retired Senior Volunteer Program (RSVP).

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**Name (printed)**

**Signature**

**Date**

**Our Policy**

It is the policy of Grand Central Station to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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