

GRAND CENTRAL STATION

Volunteer Application



CONTACT INFORMATION

Name	Cell Phone
Address, City, State, Zip	E-Mail Address

AVAILABILITY

When are you available for volunteer assignments?

___ Weekday: M ___ T ___ W ___ TH ___ F ___

___ Saturday Special Projects ___ Preferred week of the Month ___

PROGRAM - SKILLS/INTERESTS

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

- | | |
|---------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> CHILDREN'S EXPRESS | <input type="checkbox"/> ADVOCACY |
| <input type="checkbox"/> DINING CAR COOKING/SERVING ** | <input type="checkbox"/> BASIC COMPUTER SKILLS |
| <input type="checkbox"/> DINING CAR GREETER | <input type="checkbox"/> CLEANING |
| <input type="checkbox"/> MARKET DEPOT – PANTRY - OFFICE | <input type="checkbox"/> NEWSLETTER |
| <input type="checkbox"/> MARKET DEPOT – PANTRY - FOOD | <input type="checkbox"/> PICK-UP/DELIVERIES (MUST BE TCOG – RSVP) |
| <input type="checkbox"/> NTFB TRUCK – WEEKLY PICK UP | <input type="checkbox"/> VOLUNTEER COORDINATION |
| <input type="checkbox"/> TOOLS 4 SCHOOLS - COORD | <input type="checkbox"/> OTHER: _____ |

**Requires Food Handler Certificate

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	Cell number
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AGREEMENT AND SIGNATURE

Grand Central Station has the right to perform a background check. Upon request if needed, I agree to provide Grand Central Station with a current driver's license and/or photo ID.

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 orientation, age, or disability.

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

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