

Georgia Council for the Hearing Impaired, Inc.

VOLUNTEER APPLICATION

Date: _____

Name: _____
(Last) (First) (MI)

Street Address: _____

City, State, Zip: _____

County: _____ Referred By: _____

Phone Numbers: (Home) _____ (Work) _____

Fax Number: _____ Email ID: _____

Social Security: _____ - _____ - _____ Sex: _____ M _____ F

Dates and time you are available to volunteer:

Days of the week: _____

Times of the day above: _____

Types of Volunteer Activity Preferred:

- | | | |
|--|---|-----------------------|
| _____ Office/Clerical | _____ Research | _____ Fundraising |
| _____ Community Center Monitor | _____ Booth/Exhibition | _____ Legislation |
| _____ Senior Citizen Activity | _____ Deaf Awareness Activity | _____ Advocacy |
| _____ Peer Supporter | _____ Information & Referral | _____ Speaker Bureau |
| _____ ASL Tutor | _____ Nursing Home Advocacy | _____ Companion |
| _____ Peer Advocate Trainer | _____ System Advocacy Educator | _____ ADA Educator |
| _____ Events Committee-Annual Meeting/ Special Functions | _____ ALD/TTY/Alert Devices Technical Assistant | _____ GACHI Promotion |

Do you have experience in any of these activities? _____ Yes _____ No

If Yes, please explain: _____

Do you have your own transportation? _____Yes _____No

Please indicate any volunteer groups you are affiliated with: _____

History/Experience

What do you feel that you can (personally) gain from volunteering at GACHI?

How do you feel that you could be effective as a Volunteer? _____

Special Interests/Hobbies: _____

Professional History: _____

Experience with Individuals who are Deaf, Hard of Hearing or Late Deafened: _____

Other Skills:

Public Speaking _____ Event Leadership _____

Business Writing _____ Computers _____

Graphic Design/Layout _____ Other (specify) _____

Volunteer Experience: Please list your previous volunteer jobs, dates, supervisor, phone number, and what you enjoyed most/least about each experience. (Use the back of this page if you need more room).

Agency: _____

Responsibilities: _____

Supervisor: _____

Phone: _____

Remarks: _____

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Remarks: _____

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