

ENROLLMENT FORM



Name: _____
First Middle Initial Last

Address: _____
Street Address City State Zip

Primary phone number: _____ Email: _____

Yes, I would like to receive text messages about volunteer opportunities, event reminders and other announcements to: _____ (mobile number) (**Greater Cleveland Volunteers may provide periodic automated text messages to your mobile number. SMS, Msg & Data rates may apply. **)

Date of Birth (MM/DD/YY): _____ Are you a US Veteran: Yes No

Gender: Man Woman Transgender Man Transgender Woman Gender Fluid Gender Queer
 Non-Binary Other: _____

Do you need to complete required Community Service hours? Yes No

How did you hear about Greater Cleveland Volunteers? (Select all that apply):

<input type="checkbox"/> Brochure/GCV Mailings	<input type="checkbox"/> GCV Website	<input type="checkbox"/> Social Media
<input type="checkbox"/> Currently Volunteering	<input type="checkbox"/> Google/Yahoo!/Bing	<input type="checkbox"/> Speaking Engagement/presentation
<input type="checkbox"/> Event/Festival	<input type="checkbox"/> Internet Ad	<input type="checkbox"/> Volunteer Match
<input type="checkbox"/> Faith-based organization	<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> GCV Staff	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Other: _____

Most Recent Employer: _____ Current Former

Are you interested in: (Select all that apply) Steady assignments One-time events Remote/Virtual

I am available to volunteer: Weekdays (daytime) Weeknights (after 5) Weekends

I would like to volunteer: Weekly 2x/Month Monthly Less than Monthly

I grant Greater Cleveland Volunteers permission to publish any pictures taken of me for promotional purposes:
 Yes No

HEALTH:

Do you have any health or physical limitations that prevent you from certain volunteer activities?

Yes No If so, what are those limitations? _____

Name of Emergency Contact: _____ Phone: _____

INSURANCE (FOR RSVP VOLUNTEERS ONLY): Volunteers, ages 55+, are covered by free excess accident insurance while traveling to and from their volunteer activities and excess accident and liability insurance while volunteering.

Name of Beneficiary: _____ Phone: _____

Will you drive to and from your volunteer assignments? Yes No

I agree to volunteer my services through Greater Cleveland Volunteers and understand that I am not an employee of Greater Cleveland Volunteers. Please sign this form and return it my mail, or scan and email to espano@greaterclevelandvolunteers.org

Signature: _____ Date: _____



Volunteer Name: _____

The following information is required by our funding sources. The information is reported in total, not by individual, and kept confidential. We ask your cooperation in answering the following questions.

How would you describe yourself? African American/Black Asian/Asian American
 Native American Indian or Alaska Native Native Hawaiian or Pacific Islander White/Caucasian

Are you: Hispanic or Latino Not Hispanic or Latino

Please indicate your annual income level: Below \$15,060 Above \$15,060

To help identify the most suitable opportunities for you, please select your interests below.

Which age group(s) would you like to work with?

Infants/toddlers Children Teens Young Adults Adults Older Adults

Department	Volunteer Positions		
Administrative	<input type="checkbox"/> Clerical	<input type="checkbox"/> Mailings	<input type="checkbox"/> Receptionist
Arts & Culture	<input type="checkbox"/> Crafts <input type="checkbox"/> Dance <input type="checkbox"/> Information Desk	<input type="checkbox"/> Musician <input type="checkbox"/> Singer <input type="checkbox"/> Tour Guide	<input type="checkbox"/> Usher
Community Support	<input type="checkbox"/> Advocacy <input type="checkbox"/> Animal Care <input type="checkbox"/> Cashier <input type="checkbox"/> Construction/Trades <input type="checkbox"/> Donation Sorter	<input type="checkbox"/> Food Service <input type="checkbox"/> Games <input type="checkbox"/> Maintenance <input type="checkbox"/> Translator	
Education/Youth Empowerment	<input type="checkbox"/> Athletics <input type="checkbox"/> Childcare <input type="checkbox"/> Foreign Language <input type="checkbox"/> Librarian	<input type="checkbox"/> Mentor <input type="checkbox"/> Music Teacher <input type="checkbox"/> Storytelling <input type="checkbox"/> Teacher's Aide	
	Tutor: (select all that apply)		
	<input type="checkbox"/> ESL <input type="checkbox"/> GED	<input type="checkbox"/> Homework assistance <input type="checkbox"/> Students (K-12)	
Environment/Outdoor Recreation	<input type="checkbox"/> Gardening <input type="checkbox"/> Information Desk <input type="checkbox"/> Landscaping	<input type="checkbox"/> Outreach <input type="checkbox"/> Sports <input type="checkbox"/> Tour Guide	
Health Care Services	<input type="checkbox"/> Blood mobile worker <input type="checkbox"/> Clinical support <input type="checkbox"/> Exercise Instruction	<input type="checkbox"/> Health Aide/Nurse <input type="checkbox"/> Health Educator <input type="checkbox"/> Hospice care	
Social Services	<input type="checkbox"/> Crisis support <input type="checkbox"/> Disaster Relief <input type="checkbox"/> Driver <input type="checkbox"/> Friendly visitor <input type="checkbox"/> Guardian	<input type="checkbox"/> Helpline <input type="checkbox"/> Hunger relief <input type="checkbox"/> Mock interviewer <input type="checkbox"/> Pet therapy (licensed)	
	Assist: (select all that apply)		
	<input type="checkbox"/> Disabled community <input type="checkbox"/> Ex-offenders/prisoners <input type="checkbox"/> Homeless community <input type="checkbox"/> Mothers & Children	<input type="checkbox"/> Older adults <input type="checkbox"/> Refugees <input type="checkbox"/> Veterans	
Specialized fields	<input type="checkbox"/> Bartender <input type="checkbox"/> Business Planning <input type="checkbox"/> Computer/Technology <input type="checkbox"/> Cosmetologist/Barber	<input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> Grant writing <input type="checkbox"/> Legal Services	<input type="checkbox"/> Marketing <input type="checkbox"/> Massotherapy <input type="checkbox"/> Nonprofit Development <input type="checkbox"/> Public Speaking