

Girls for Gender Equity, Inc. (GGE)

Please answer the following questions carefully. Omissions or misstatements may be referred to appropriate legal authorities.

Do you have any criminal charges currently pending against you?

Yes / No If yes, explain...

Have you ever been convicted of a criminal offense?

Yes / No If yes, explain...

Have charges ever been filed against you for child abuse or neglect?

Yes / No If yes, explain...

Reference Please give 1 professional or personal reference. (Not family members)

If you are giving a work address please include company name.

Name: _____ / _____ Relationship to applicant
Address: _____ Street Apt#
City State Zip Phone: _____

Referrals Please refer to GGE a colleague or community member that may

Benefit our cause through volunteering or collaborating.

Name: _____ / _____ E-mail
Address: _____ Street Apt#
City State Zip Phone: _____
Why Referring: _____

Agreement

I certify that all statements on this application are true and complete to the best of my knowledge. I have agreed to follow the Girls for Gender Equity Code of Conduct if placed as a volunteer. I understand that Girls for Gender Equity reserves the right not to place me as a volunteer, and also has the right to dismiss me as a volunteer if deemed necessary. I give Girls for Gender Equity permission to check my references. I agree that my name, photograph and any statements I make may be used to promote Girls for Gender Equity in print media and promotional photographs or films, television and videotape.

Sign only if you have Received, Read, and Believe in the Girls for Gender Equity (GGE) Mission Statement.

Signature: _____ Date: _____

Do not write in shaded area. For GGE use only.

Volunteer Coordinator/Interviewer: _____

Date : _____

Type or training: _____

Status: _____

Comments: _____

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VOLUNTEER APPLICATION

Please print all information. Email to mandy@ggenyc.org, or fax to 718-857-2239, call 718-857-1393 to confirm received

Personal Information

Mrs. / Ms. / Mr. (circle one please)

Name: _____

Last First M.I.

Address: _____

Street Apt #

City State Zip Code

Phone: _____

Home Work

E-mail Address _____

Social Security # Date of Birth

*Occupation: _____

Place of Employment Title

Business Address: _____

City State Zip Code

Volunteer Profile

Education: High School completed? Yes / No (circle one please)

_____/_____/_____
College Major Degree

Professional Training/ Graduate Studies _____

Did you attend NYC public schools? Yes / No (circle one please)

If yes which schools? _____

Where do you want to volunteer?

District _____ School/Center _____

Check the box that best describes you: (Please check only 1 box)

- Parent / Guardian of a current public school child
- Senior Citizen
- Corporate / Professional Volunteer
- Concerned Community Member
- College / Graduate Student

Do you have children? Yes / No

If yes, how many? _____ ages: ____/____/____/____/____/____

Race / Ethnic Background: (for statistical purposes only)

- African-American / Black
- Caribbean / Black
- Where: _____
- Asian-American / Asian / Southeast Asian
- Caucasian
- Latin Other _____

Are you fluent in another language? Yes / No

If yes what language(s)? _____

Emergency Contact: _____

Do you have any condition (medical, physical or emotional) or are you taking medication

That might interfere with your volunteer work with children? Yes / No

If yes please explain: _____

***PLEASE SUBMIT YOUR LATEST RESUME**