



750 Memorial Drive  
Danville, VA 24541  
(434) 793-3663  
[info@godsstorehouse.org](mailto:info@godsstorehouse.org)

### Volunteer Registration Form

For volunteers who plan to volunteer on a regularly scheduled day and time each week.

#### Personal Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  Yes, I would like to receive GSH emails

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any physical limitations, medical problems or allergies: \_\_\_\_\_

Have you ever been convicted of an act of violence, harassment, sexual misconduct or identity theft?

Yes. Explain: \_\_\_\_\_  No

#### Volunteer Assignment Information

Current/Last Job: \_\_\_\_\_ Education/Training: \_\_\_\_\_

Computer Skills: \_\_\_\_\_ Other Skills: \_\_\_\_\_

Other agencies where you volunteer: \_\_\_\_\_

What stations are you interested in?  Clerical  Distribution  One Stop Shop  Warehouse  Driving

Are you available for special events?  Yes  No

Are you willing to substitute?  Yes  No

Please select the days and times you are able to volunteer:

Shift Times	Monday	Tuesday	Wednesday
9:15-11:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30am-2:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shift Times	Thursday
9:15-11:30am	<input type="checkbox"/>
12:45-3pm	<input type="checkbox"/>
3-5:15pm	<input type="checkbox"/>

Other days and times you are available: \_\_\_\_\_

I attest that the above information is true and accurate. I hereby volunteer my services to God's Storehouse.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date