



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

Volunteer Registration Form

For volunteers who plan to volunteer on a regularly scheduled day and time each week, serve as an Alternate, or help with Special Events

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: _____

I have never been convicted of an act of violence, harassment, sexual misconduct or identity theft. I understand that if I have been convicted of one of these offenses I am not permitted to volunteer.

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
 Backpacks Urban Farm Farmers Market Donation Station

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

Shift Times	Monday	Tuesday	Wednesday	Shift Times	Thursday
9:15am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9:15am-1pm (Warehouse Only)	<input type="checkbox"/>
12-2:45pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12:45-3pm	<input type="checkbox"/>
				3-5:15pm	<input type="checkbox"/>
Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varies	<input type="checkbox"/>

Available to substitute:

Yes No

Available weekends:

Yes No

Available for events:

Yes No

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
 (If volunteer is 17 or younger)

 Print Name

 Date