**Any direct service with clients requires volunteer training prior to volunteering. Please complete form completely to be considered for volunteering. Minors will need a parent/guardian signature prior to any volunteer activities. For help or questions, email info@rccgc.org.**

Volunteer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None: \_\_\_\_\_\_\_\_\_\_

**Please indicate below which area(s) you are interested in volunteering your services:**

**Reception \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shelter Aide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children's Activities** \_\_\_\_\_\_\_\_\_

**After School Tutor** \_\_\_\_\_\_\_\_\_\_

**Client Activities \_\_\_\_\_\_\_\_\_\_\_\_**

**Cafeteria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cleaning Support \_\_\_\_\_\_\_\_\_\_**

**Community Outreach \_\_\_\_\_\_**

**Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Projects \_\_\_\_\_\_\_\_\_\_\_**

**Other talent/service you offer for our consideration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete the Volunteer Application for Resource & Crisis Center of Galveston County, Inc.

Please list your email to be added to our newsletter & updates list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_