



Volunteer Application for Global Links

-----4809 Penn Avenue, 2nd Floor; Pittsburgh, PA 15224-----

Please Print

Name: _____

Today's Date: ____/____/____

Birthdate: (month/year) ____/____

Address: _____

Primary Telephone: () _____ - _____ Circle type? *Cell phone* *Home* *Work*

E-mail: _____

The best way & time to reach me: _____

Why are you interested in volunteering at Global Links? _____

Previous Volunteer Experience: _____

My availability:

Days of the Week: _____

Total Hours per Week: _____

How long do you plan to volunteer? _____

Special Skills (Medical Field, Computers, Foreign Language, etc): _____

Are you required to do community service? Y N

Is it court ordered? Y N

How many hours of community service are you required to do? _____

Have you been convicted of a felony? Y N If yes, what? _____

Which activities are you interested in? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Sorting and Packing Supplies | <input type="checkbox"/> Suture Sorting and Packing |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Development & Event planning |
| <input type="checkbox"/> Equipment & Computer cleaning
and prepping | <input type="checkbox"/> Greatest Need |

Would you like to be on the Global Links mailing list? Y N

How did you hear about Global Links?

- Advertisement (Publication: _____)
- College Volunteer Office
- Friend _____
- Guest Speaker
- Newspaper Article
- Other Organization
- Website
- Other _____

Contact person in case of emergency:

Name: _____ Telephone: () _____ - _____

Relationship: _____

Please send completed application to:

Attn: Volunteer Coordinator
Global Links
4809 Penn Avenue, 2nd Floor
Pittsburgh, PA 15224
FAX: 412-361-4950
glvolunteer@globallinks.org

FOR OFFICE USE ONLY

APPLICATION RECEIVED: ____/____/____

CONTACTED (DATE & METHOD): _____

DATE OF FIRST VISIT: ____/____/____

- ORIENTATION COMPLETED
- ADDED TO MAILING LIST
- LIABILITY WAIVER SIGNED
- 30 DAY FOLLOW UP