

Gay And Lesbian Alliance of the Central Coast (GALA)

Volunteer Application

Our volunteer list is confidential. It will not be sold, rented, exchanged or given away.

Date _____ Birthday (Month/Day/Year optional) _____/_____/_____

Name _____

Address _____ City _____

_____ Zip _____

Telephone (home) _____ (is discretion necessary? _____)

Telephone (work) _____ (is discretion necessary? _____)

Do you **NOT** wish to receive mailings and newsletters? _____ Occupation _____

Skills _____

Hobbies _____

Interests _____

Languages you speak/write other than English _____

Have you performed volunteer work before? If so, what was the organization, what were your duties and when were you there? _____

GALA's needs vary throughout the year. Please check those that interest you below:

Librarian___ Event Planner___ Event Coordinator___ Speakers Bureau___

Special Events Help___ Clerical___ Computer___ Transportation___ Reception___

Canvassing/Fundraising___ Grant Writing___ Buddy Program___ Phone Tree Alert___

Availability (Day/Time)

Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

Comments _____

I, the undersigned, certify that I am at least 18 years of age, and that I agree to abide by the mission, vision, and policies of Gay And Lesbian Alliance of the Central Coast (hereinafter referred to as "GALA"). I also agree to remain a paid up member of GALA while serving as a volunteer. I assume the risk of any injury I might receive in connection with my volunteer work for GALA and release GALA from all liability for any injury, damages or losses whatsoever, unless they are the direct result of gross negligence by GALA. I understand that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of GALA. All services performed are at my own risk. I acknowledge that GALA may refuse or revoke volunteer privileges for any reason at any time. I understand that my volunteer hours will not fulfill court ordered service time.

Signature _____

Mail to: GALA P. O. Box 3558 San Luis Obispo, CA 93403-3558