



Southeast Georgia Community Project
www.segcp.org

Volunteer Application

Applicant's Name: _____

Date: _____ Country: _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Emergency Contact

Name: _____ Relation: _____

Home phone: _____ Other phone: _____

I. Volunteer Talents

A. Which of the following volunteer positions interest you?

- Education
- Fundraising
- Administrative/clerical
- Social Media and Marketing
- Technical support
- Medical

B. Why are you interested in volunteering with SEGCP?

C. Are you fluent in any language other than English (including sign language)?

Yes No *If yes, please list the language(s):* _____



Southeast Georgia Community Project

www.segcp.org

Volunteer Application

D. Skills and Interests (Please check all that apply)

- Computer/Internet
- Organizing/Scheduling
- Public speaking with large groups
- Public speaking with small groups
- Public relations/Communications
- Research
- Teaching/Training
- Writing
- Data Entry
- Graphic Design
- General Office Work
- Assist individuals/One-on-one direct client service
- Other _____

E. Availability

- On-site*
- From Home Via Skype

Hours per month: 4 or less 5 to 10 More than 10

Preferred days and times:

- Monday Morning Afternoon
- Tuesday Morning Afternoon
- Wednesday Morning Afternoon
- Thursday Morning Afternoon
- Friday Morning Afternoon
- As Needed



Southeast Georgia Community Project

www.segcp.org

Volunteer Application

F. Are you licensed and able to drive an automobile? Yes No

II. Experience

A. Employer Information (include paid and volunteer experience)

Retired Yes No

Company/Organization: _____

Dates of service: From _____ to _____

Contact person: _____ Phone: _____

Paid employee Volunteer

Company/Organization: _____

Dates of service: From _____ to _____

Contact person: _____ Phone: _____

Paid employee Volunteer

B. Education

College/University: _____

Degree: _____

C. Optional

Do you have any medical conditions you would like SEGCP to be aware of? Yes No

If yes, please describe: _____

Do you require any special accommodations? Yes No

If yes, please describe: _____

III. References



Southeast Georgia Community Project

www.segcp.org

Volunteer Application

Please list two references that are not related to you.

Name: _____ Phone: _____

Name: _____ Phone: _____

V. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training, I receive as a SEGCP volunteer is to provide services free of charge to SEGCP's clients and their families and not to be used for my personal monetary gain.

Signature: _____ **Date:** _____

Please mail or email this form to the address below:

Attention: Corina Flores
300 S, State Street
Lyons, GA 30436
cflores@segcp.org