**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.**

Organization/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approx. # of volunteers: \_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Please indicate below which area(s) your group would be interested in volunteering their services:**

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

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

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

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

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

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

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

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

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

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

**Other talent/service your group offers for our consideration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

\*\***PLEASE EMAIL THIS COMPLETED FORM TO** **INFO@RCCGC.ORG**