



**GALLATIN SHALOM ZONE, INC.**  
GALLATIN, TENNESSEE  
615-452-8777  
P.J. Davis, Executive Director  
Volunteer Application

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell/Work** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Availability** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**During which hours are you available for volunteer assignments?**

\_\_\_ Mornings      \_\_\_ Afternoons      \_\_\_ Evenings

**What Days?** \_\_\_\_\_

**Interests:**

**Tell us what type of work you think you would be interested in volunteering:**

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**Special Skills or Qualifications:**

**Summarize special skills and qualifications you have acquired from employment.**

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**Previous volunteer experience: Summarize your previous volunteer experience:**

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**Current or Previous Employment**

Name of Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

**Education: Please list schools**

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**Military:**

**Have you ever been convicted of a felony?** No - Yes (explain) on back.

**Do you have any physical limitations that may affect Volunteer placement?** No-Yes (explain)

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**Person to Notify in Case of Emergency:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Agreement and Signature**

**By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.**

<b>Name (printed)</b>
<b>Signature</b>
<b>Date</b>

**Three references: Name, Title, Phone:**

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**Office Use Only:**

**Interview Date** \_\_\_\_\_

**Reference Check** \_\_\_\_\_