George Larry Cannon II House of H.O.P.E. 4 Girls Inc., P.O.Box 12347
Philadelphia Pa 19119

GLC House of H.O.P.E. for Girls Youth Program Volunteer Registration Form

First Name	_Last Name	
Address		
City		
Date of Birth//		
Hobbies, Interests, Skills		
Previous Volunteer Experience		
What types of volunteer work interests you?	?	
How did you hear about our agency?		

Person to contact in case of emergency	
Relationship to person	Contact phone
Relationship to person	Contact phone
application for volunteering are true and co	application, I affirm that the facts set forth in my omplete. Thank you for completing this application g with us. All the information recorded above is
School	_
Address	
Current Grade	_
Please list hobbies and/or talents that you mi	ght be willing to share
How did you hear about our agency? Frien	d Newspaper School TV Magazine
Do you belong to other schools, churches, or	civic clubs?
Please list:	

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Please list a pe	rsonal reference who we can con	tact.			
Name			_		
Address			_		
City		_State	Zip		
I understand that all the information on this form is voluntarily supplied and may be used and disclosed for volunteer purposes only. I also agree to release and hold harmless the staff, the volunteers, and the board of directors of GLC House of H.O.P.E. 4 Girls Inc. from any and all liability for disclosing this information to agencies and their agents who request volunteer assistance, or injury incurred while on volunteer assignment. I hereby volunteer my services and understand that I am not a paid employee of any agency or group to which I may accept assignment, nor am I an employee of G.L.C. House of H.O.P.E. 4 Girls Inc By becoming a volunteer, I understand that I will have the opportunity to participate in many individual and group volunteer projects. By signing this application, I (parent/guardian, if a volunteer is under 18) grant permission for participation in events without requiring additional permission forms. I also grant G.L.C. House of H.O.P.E. 4 Girls Inc. permission to use photographs taken of member at volunteer activities for publication to promote volunteerism					
Youth Applican	t's Signature and Date	Parent/Guardian's Signature	and Date		