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***Is a Christian enrichment program enhancing the lives of adults impacted by developmental disabilities.***

**Volunteer Application**

Name Today’s Date

Address City/Zip

Email Phone #

Is it necessary for you to limit your physical activity in any way? If yes, please explain:

Please indicate the days and times you would be available to volunteer:

* Monthly
* Special Events
* Monday
* Tuesday
* Weekly
* Afternoon
* Friday
* Morning
* Wednesday
* Thursday

Please indicate your area(s) of interest and/or special skills:

Do you presently attend a church, if so where?

* Guiding meal planning and prep
* Daily living skills
* Crafts/Fine Arts
* Performing Arts
* Fundraisers/bulk mailings/special events
* Leading Worship Music
* Bible Study
* Computer Skills

**Agreement:**

It is understood and agreed upon by Independence Through GRACE and the undersigned that the relationship being entered into is one of volunteerism and not employment; that both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees; and that either party may terminate volunteer services at any time, without cause and without prior notice.

Volunteer’s Signature: Date:

Emergency Contact Name: Phone:

Independence Through GRACE

1830 Truxtun Avenue, Suite 101

Bakersfield, CA 93301

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