



Diversity Thrift/Bingo Volunteer Information

The Gay Community Center of Richmond would like to thank you for considering the many volunteer options that we have available.

Personal Information:

First Name: _____ Last Name: _____

Street Address _____

City _____ State _____ Zip _____

Cell phone: _____ Work Phone: _____

Email address _____

Birthdate: ____ / ____ / ____

Are you volunteering with a group? ____ If yes, name of group _____

Emergency Contact Information: In case of an emergency, we should contact:

First Name _____ Last Name _____

Cell phone: _____ Work Phone: _____

Interests and Availability

Please indicate areas that you would like to help in (Circle all that apply):

- | | | | | |
|----------------|-------------|----------|-------|------------------|
| Computers | Internet | Antiques | Bingo | Clothing |
| Office Skills | Fundraising | Events | Books | General Cleaning |
| Shelving Items | Maintenance | Other | | |

Please describe experience in these areas or explain other areas you would like to volunteer

When are you available to volunteer? (Please indicate days and times):

Do you know anyone else who might like to volunteer? Name _____

Phone _____ Email _____