|  |  |
| --- | --- |
|  | G-PACT Gastroparesis Patient Association for Cures and Treatments, Inc. |

# Volunteer Application

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Available: |  |  | Are you at least 18 years of age?   |

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? |  |  | If no, are you authorized to work in the U.S.? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? |  |  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? |  |  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Specialty: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? |  |  | Diploma:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Specialty: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? |  |  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Specialty: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? |  |  | Degree: |  |

## References

Please provide the names of 2 professional references (professor, teacher, supervisor or other business acquaintance) and 1 personal reference.

Please notify each reference that he/she will be contacted by G-PACT via email regarding your pending Volunteer Application. Please only give us references where you can provide an email address.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  |

## Current / Previous Employment

Are you currently employed? 

If YES, how many hours a week do you work? 

If not working, are you 

Have you ever been fired or asked to resign? 

Please list any awards, honors, special skills or qualifications:

**WORK EXPERIENCE**:

Employer name and Address: 

Dates Employed: 

Job Title, and Duties: 

Employer Name and Address: 

Dates Employed: 

Job Title, and Duties: 

## Availability

Please indicate your current available time to volunteer your services to G-PACT: 

Do you have consistent internet access? 

What experience do you have with Gastroparesis and/or Chronic Intestinal Pseudo-Obstruction?



How do you feel G-PACT could benefit from your service as a volunteer?



How did you hear about G-PACT? Choose an item.

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer appointment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

NOTE: Criminal background checks are required for volunteers in certain positions. If you are assigned to such a position, we will ask for additional personal information to complete this investigation.

Return completed application to volunteer@g-pact.org