



## VOLUNTEER / INTERNSHIP APPLICATION

*As a volunteer for Gay & Lesbian Elder Housing, you will join many generous, hardworking people who are interested in improving the quality of life and affecting tremendous change for the older adult community.*

*Please fill out the fields below, and a GLEH Staff member will contact you. Thank you for becoming a part of this remarkable facility and contributing to the lives of LGBT and HIV/AIDS older adults!*

### Contact Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  Please add my name to the GLEH email list  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_

### Volunteer Opportunities

- |   |   |
|---|---|
| <input type="checkbox"/> ADMIN/OFFICE SUPPORT         | <input type="checkbox"/> COMMITTEES                       |
| <input type="checkbox"/> COMMUNITY EDUCATION/OUTREACH | <input type="checkbox"/> BOARD OF DIRECTORS               |
| <input type="checkbox"/> EVENTS                       | <input type="checkbox"/> ADVOCACY                         |
| <input type="checkbox"/> DIRECT CLIENT SERVICES       | <input type="checkbox"/> STUDENT INTERNSHIP OPPORTUNITIES |

### Availability for Volunteer Hours *Please indicate the times you are available*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING
<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON
<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING

### Other Information

DESCRIBE YOUR TALENTS, INTEREST AND SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
HOW DID YOU HEAR ABOUT GLEH?: \_\_\_\_\_  
LANGUAGES SPOKEN: \_\_\_\_\_ BEST TIME FOR AN INTERVIEW: \_\_\_\_\_

