Capital District Gay and Lesbian Community Council
Volunteer Team ~ Member Data Form

NAME:		DATE:
ADDRESS:		DATE OF BIRTH:
CITY:	STATE:	ZIP CODE:
PHONE: Home: (___) ___ - _____ Work: (___) ___ - ____ Cell: (___) ___ - ____	EMAIL:	
OCCUPATION:		Current CDGLCC Member? Yes ❑ No ❑
VOLUNTEER EXPERIENCE:		
Is it OK to use your name / photograph to acknowledge your efforts? Yes ❑ No ❑		
May we contact you by telephone at home and leave a message? Yes ❑ No ❑		
May we contact you by telephone at work and leave a message? Yes ❑ No ❑		
Do you have any physical restrictions or special considerations that you may require while volunteering?		
Have you ever been a CDGLCC Volunteer? Yes, currently ❑ Yes, in the past ❑ No ❑ If Yes, please state in what capacity and when:		

What days and times are you available to volunteer? (evenings, weekends, weekdays)

_____

Please check the area(s) that you would like to volunteer for:

- ❑ Building Committee (Maintenance/Repairs)
- ❑ Café Staffing
- ❑ Pride Events
- ❑ Community Newsletter: ❑ Writing ❑ Layout ❑ Advertising
- ❑ Music Series: ❑ Street Team ❑ Door/Ticket Sales ❑ Merchandise Sales ❑ Setup/Break Down
- ❑ Events Committee: ❑ Ticket Sales ❑ Concessions ❑ Ushering ❑ Setup/Break Down
- ❑ Fund-Raising Committee
- ❑ Staffing Information Booth
- ❑ Support Groups ❑ GBT Men's Discussion Group ❑ Lesbian/Bisexual Women Support Group ❑ LGBT Young Adult Group ❑ LGBT Youth Group
- ❑ Office Support: ❑ Data Entry ❑ Answering Phones ❑ Photo Copying ❑ Folding/Mailing
- ❑ Other: _____

OTHER AREAS OF INTEREST:

- ❑ Gardening
- ❑ Preparing Food/Baking
- ❑ Library
- ❑ Cleaning
- ❑ Phone Banks
- ❑ Mailing/Envelope Stuffing

Please list any special skills and / or talents you have: (ie: carpentry, computer skills, languages, etc.)

_____

Please return this form to: CDGLCC 332 Hudson Avenue, Post Office Box 131, Albany, New York 12201
(518) 462-6138