

# GUARDIAN CORPS of AMERICA (GCA)

## Volunteer Questionnaire

NAME: \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Email Address: \_\_\_\_\_

COMMUNITY TASKS PREVIOUSLY PERFORMED: \_\_\_\_\_

I would like to volunteer, I will be available as follows:

MONDAY (8 am to 10 pm) YES\_\_\_ NO\_\_\_ Time: \_\_\_\_\_

TUESDAY (8 am to 10 pm) YES\_\_\_ NO\_\_\_ Time: \_\_\_\_\_

WEDNESDAY (8 am to 10 pm) YES\_\_\_ NO\_\_\_ Time: \_\_\_\_\_

THURSDAY (8 am to 10 pm) YES-----NO-----Time: \_\_\_\_\_

FRIDAY (8 am to 5 pm) YES-----NO-----Time: \_\_\_\_\_

SATURDAY----OR----SUNDAY (8 am to 10 pm) Time: \_\_\_\_\_

GCA task(s) that I am willing to assist in are:

\_\_\_ MONITOR

\_\_\_ GROUP LEADER

\_\_\_ AREA COORDINATOR

\_\_\_ AREA REPRESENTATIVE

\_\_\_ COMMUNICATIONS SPECIALIST

\_\_\_ PETITION CAMPAIGN ORGANIZER

\_\_\_ PROJECT & EVENTS TECHNICIAN

\_\_\_ SOCIAL JUSTICE RESEARCH ANALYST

Other (Specify) \_\_\_\_\_

RETURN QUESTIONNAIRE TO:

GUARDIAN CORPS of AMERICA / PO BOX 603 Lombard IL. 60148

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