

EDUCATION + PREVENTION = CHILD PROTECTION

# GASP

## GASP VOLUNTEER APPLICATION PLEASE PRINT LEGIBLY

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_ Apt No. \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

PHONE \_\_\_\_\_  
(Home) (Business, if applicable)

\_\_\_\_\_  
(Cell phone)

E-MAIL ADDRESS \_\_\_\_\_  
(Please print clearly) (Second E-mail option)

CHECK AREAS OF INVOLVEMENT (see Attachment for descriptions):

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| _____ 1. Court Observation          | _____ 4. Fund Raising/Special Events |
| _____ 2. Education/Speaker's Bureau | _____ 5. Search Teams/Safety Patrols |
| _____ 3. Fingerprinting/Child ID    | _____ 6. Board/Advisory Board        |

Please sign and return all forms to:

53 University Avenue, 4<sup>th</sup> Floor, Akron, OH 44308  
(330) 247-1402 or (330) 434-GASP

**Thank you for volunteering for this very worthwhile organization. Volunteer participation is dependent upon successful background check.**