



GASP IS REGISTERED IN THE USPTO

GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION (GASP)
STUDENT VOLUNTEER APPLICATION

YOU MUST BE AT LEAST 16 YEARS OLD TO VOLUNTEER
PLEASE PRINT LEGIBLY

NAME _____

First

Middle

Last

ADDRESS _____ Apt No. _____

City

State

Zip Code

SOC. SEC. # _____ D.O.B. _____

PHONE _____

(Home)

(Cell)

E-MAIL ADDRESS _____

(Please print clearly)

Have you ever been a defendant in Juvenile Court? Yes ____ No ____

If yes, please explain. _____

Have you ever been declared an unruly child or delinquent by a Juvenile Court?

Yes ____ No ____

If yes, please explain. _____

CHECK AREAS OF INTEREST:

____ 1. **Digital Identification Events** – Fingerprint children at community events and provide support (sign up; registration)

____ 2. **Fund Raising/Events** - Various community and fundraising events

How often are you able to volunteer? Weekly ____ Bi-Weekly ____ Monthly ____
On-Call ____

TIMES AVAILABLE: SUN MON TUE WED THU FRI SAT
(EXAMPLE: 9:00-2:00) _____

How did you hear about volunteer opportunities with GASP? _____

PARENT/GUARDIAN NAME

ADDRESS

CITY/STATE/ZIP

PHONE

I give my consent and am willing to have my daughter/son become a Youth Volunteer and to participate in the volunteer Program with GASP.

PARENT/GUARDIAN SIGNATURE

DATE

Applicant: Your signature indicates your consent for GASP to conduct a background check by the Summit County Sheriff's Department. GASP is not obligated to provide you with a volunteer placement, nor are you obligated to accept the position offered.

Opportunities are provided without regard to religion, creed, race, national origin, age or sex.

VOLUNTEER SIGNATURE

DATE

Please return completed application to:

GASP
53 University Avenue, 4th Floor, Akron, OH 44308
(330) 247-1402 or (330) 434-GASP
www.GASPOhio.org