



Gateway Clubhouse

Volunteer Application

Please print all information

Name: _____ Date of application: _____

Address: _____

City: _____

Phone #: _____

Email: _____

Emergency Contact (Name & Phone #): _____

Available Volunteer Day(s) *Please circle as many as applicable* M T W Th F

What time can you volunteer? (program day is 9a-3p) _____

How often: _____

How did you hear about Gateway Clubhouse? _____

What types of skills can you bring to Gateway Clubhouse? _____

Has anyone in your family had a brain injury? Yes/No

Why are you interested in volunteering with us? _____

Do you speak a second language? Y/N _____

Please give name and phone # of someone for reference purposes: _____