

Greater Bridgeport Adolescent Pregnancy Program, Inc.

VOLUNTEER REQUEST FORM

YES, I would like to volunteer at GBAPP!

Please complete and email or fax: tbarnes@aol.com; Fax: 203-338-8453

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Telephone: _____

Please check the skill(s) and preference(s) you have an interest in:

<input type="checkbox"/> Whatever most needed	<input type="checkbox"/> Babysitting
<input type="checkbox"/> Child day care	<input type="checkbox"/> Donation pick-up
<input type="checkbox"/> Computer, Teaching <input type="checkbox"/> Counseling <input type="checkbox"/> Games/crafts with kids	<input type="checkbox"/> Friendly visitation
<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Food drives
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Food distribution
<input type="checkbox"/> Transporting clients	<input type="checkbox"/> Translation services
<input type="checkbox"/> Odd Jobs	<input type="checkbox"/> Office assistance
<input type="checkbox"/> Safety Guide/Walker	<input type="checkbox"/> Mail Preparation
<input type="checkbox"/> Office Cleaning	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Data entry	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Special Events	
<input type="checkbox"/> Other (Provide Details): _____	

**For more information and/or Questions, contact Trina Barnes, Volunteer Coordinator
at (203) 384-3629 or email: tbarnes@gbapp.org**