Teen Volunteer Interest Form

Thank you for your interest in volunteering with us!
Please complete the form below so we can learn more about your interests and availability.

Full Name: _____
Preferred Name (if different): _____
Age: _____ **School (if applicable):** _____
Email (if you check it regularly): _____
☐ Yes, you can email me ☐ No thanks
Phone Number (yours or parent/guardian): _____
☐ Yes, it's okay to call or text me
☐ Please contact my parent/guardian instead
Parent/Guardian Name: _____
Parent/Guardian Phone or Email: _____

What would you like to help with? (Check any that sound good!)

☐ Helping on youth support nights
☐ Helping at grief camps (games, art, buddy system, etc.)
☐ Helping with events (setup, crafts, passing out things, clean up)
☐ Making cards or care kits
☐ Helping in the office
☐ I'm not sure yet – I just want to help!
☐ Other: _____

When are you usually free to volunteer?

☐ Weekdays after school ☐ Weekends ☐ Summer
Other: _____

Do you have any special skills or things you love to do? ***(e.g., art, sports, organizing, helping kids, etc.)***

_____
_____

Why do you want to volunteer with Gabby's Grief Center? ***(Just a sentence or two is great!)***

_____
_____

Thank you! We're so glad you want to be part of Gabby's Grief Center. We'll be in touch soon!