Volunteer Registration 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): _____

Email Address: _____

☐ Yes, you may contact me at this email ☐ No

Phone Number: _____

☐ Yes, you may call and leave a message ☐ No ☐ Office Support / Admin Tasks

Areas of Interest (Check all that apply):

☐ Youth Group Support
☐ Adult Group Support
☐ Social Wellness Support
☐ School Group Support
☐ Grief Camps (children/teens) or (family)
☐ Community Outreach
☐ Events
☐ Fundraising
☐ Food / Snack Support
☐ Other: _____

Availability (days/times or seasonal):

_____

Relevant Experience of Skills: (e.g., working with children, event planning, grief work, language skills)

_____

_____

_____

Why are you interested in volunteering with Gabby's Grief Center?

_____

_____