

Gadab Foundation Volunteer Form

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Email: _____

Have you ever done any volunteer work before? ____ Yes ____ No If yes, please list the name of the organization/program in which you participated in and the role you have held.

Which of the following programs are you planning to participate in:

___ GF Scholarship Program

___ GF Women Program

___ GF Summer School Program

What is your educational level:

___ High School Student

___ Undergraduate (freshman/sophomore)

___ Undergraduate (junior/senior)

___ Bachelor's degree

___ Master's

___ PhD

___ Other _____

Please list any relevant volunteering experience you have had previously: _____

Benefits

Volunteers will:

- receive a letter of recommendation to employers and scholarships
- be awarded certificate of appreciation at the end of his or her work
- gain extensive experience by working closely with the board of directors.

Please send the form to:

Gadab Foundation
P.O. Box 11686
Portland, OR 97211

Thank you for your interest. If you need additional information regarding our volunteer opportunity, feel free to contact us via email at: volunteer@gadabfoundation.org.