

GATEWAY-LONGVIEW, INC.

PARTICIPATION

In which role will you be participating?

- Internship (course credit) - Name of College or University: _____
 Volunteer

In which of the following would you like to participate? (Please indicate order of preference.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Spiritual Life |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Mentor | <input type="checkbox"/> Teacher Aide |
| <input type="checkbox"/> Day School | <input type="checkbox"/> Preventive Services | <input type="checkbox"/> Therapeutic Facilitated Visitation |
| <input type="checkbox"/> Donor Relations | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Therapeutic Foster Care |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Recreation | <input type="checkbox"/> Therapeutic Preschool |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Residential Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> General Office | <input type="checkbox"/> Residential Treatment | <input type="checkbox"/> Weekend Friend |
| <input type="checkbox"/> Group Homes | <input type="checkbox"/> Respite | <input type="checkbox"/> Wrap Services |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Special Event | <input type="checkbox"/> Other (specify): _____ |

AVAILABILITY

- Long-Term Short-Term Special Project

1. Check the box for the time period(s) in the day(s) you're available.
2. Indicate the number of hours per day you would volunteer.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours
Morning														
Afternoon														
Evening														

Required Total Hours (if applicable): _____