



THE GUILD HOUSE *Restaurant*
 1905 18TH STREET
 BAKERSFIELD, CA 93301
 (661) 325-5478

VOLUNTEER MEMBER APPLICATION

Contact Information

Member Name	Regular Member Annual Dues \$45
Spouse/Partner	Secondary Member Annual Dues \$35
Street Address	
City/ST/Zip Code	
Home Phone	
Cell Phone	
E-mail Address	Please print clearly
Birthday (mm/dd)	

Emergency Contact Information

Contact Name	
Phone Number	/Relationship:

Availability

Week days	Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
Weekends	Saturday ___ Sunday ___

Areas of Interest at the Guild House

Wait staff ___ Cook/Baker ___ Dishwasher ___ Administrative ___ Handyman ___ Special Events ___ Other ___
Host/Hostess ___ Fashion Show Model ___
Current/Former Occupation:
Current/Past Volunteer Organizations:
Please tell us any other interests/hobbies:
Current Guild Member(s) You Know:

By signing and submitting this application, I understand that Child Guidance Guild of Bakersfield, Inc. reserves the right to not accept all applicants or may terminate a volunteer if performance standard is not in compliance with Guild House training standards.

Primary Applicant Signature: _____ Date: _____

Secondary (if applies) Member Signature: _____ Date: _____

Office Use only

Date paid: _____ Ck #: _____ Amt paid: _____ Membership Chair Notified _____