

APPLICATION FOR MEMBERSHIP

in the

Echoes _____ Senior Cavaliers _____ Volunteers _____

Adult Youth Auxiliaries of

ΓΦΔ GAMMA PHI DELTA SORORITY, INC.

Please complete with blue/black ink only

Date: MM/DD/YY		Chapter/Region			
Name: (Please Print)			Date of Birth:		
Address:		City:	State:	Zip Code:	
Telephone:		Email:			
Emergency Contact: Name /Relation			Phone:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you employed?					
What is your occupation?					
Employment History (Please list your last two employers, beginning with the most recent.)					
Time Frame	Name/Location of Employer	Position	Brief Description of Duties & Responsibilities		
From: To:					
From: To:					
Education History					
Education History	Name and Location of School:	Number of Years Completed:	Graduated:	Degree obtained:	Major/ Specialization:
High School					
Higher Education and Business Training					

**Gamma Phi Delta Sorority, Inc. is a non-profit
Organization of Business and Professional Women**

National Headquarters: 2657 West Grand Boulevard, Detroit, Michigan 48208-1203

Phone: (313) 873-2691 Fax: (313) 873-5254

E-mail: gamma_phi_delta@gammaphideltasorority.com Web-Site: gammaphideltasorority.com

Organizations/Experience

Please list organizations of which you are a member, any additional special skills, certifications, training, expertise, and/or previous volunteer experience.

Background Check

Note: If you volunteer to work with or chaperone our youth auxiliary members, you are required to obtain a Criminal Background Check through Gamma Phi Delta Sorority's criminal background check vendor. Previous criminal background checks cannot be substituted and will not be accepted.

See attachments

Have you ever been convicted of a felony? Yes No

If yes, please describe the charges in detail.

School Presently Attending	Grade
Address of School	Principal

By signing this document, I am aware that Gamma Phi Delta Sorority, Inc. may contact the above listed references. I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of Applicant	Date

Sponsoring Chapter/Signature	Date: Applicant Interviewed/Attach additional comments
Youth Advisor Signature	Chapter President Signature

PLEASE SUBMIT COMPLETED APPLICATION TO THE YOUTH ADVISOR WHO WILL SUBMIT ORIGINAL APPLICATION TO THE NATIONAL THIRD VICE PRESIDENT
of Gamma Phi Delta Sorority, Inc.
A non-profit Organization of Business and Professional Women