GYFTED INC.

INDEPENDENT CONTRACTOR INTEREST FORM

Use this form to express interest in providing specialized professional services to Gyfted Inc.

CONTACT & BUSINESS INFORMATION

Full Name

Business / Professional Name (if applicable)

Email Address

Phone Number

City / State

Website / LinkedIn (optional)

PROFESSIONAL SERVICE AREAS

Select all areas in which you may be qualified to provide services:

- ☐ Workshop / Program Facilitation
- ☐ Career / Workforce Development
- ☐ Bookkeeping / Accounting
- ☐ Technology / Digital Services
- ☐ Program Evaluation / Data
- ☐ Financial Education
- ☐ Grant Writing
- ☐ Marketing / Communications
- ☐ Event Services
- ☐ Other Specialized Services

Other / specialty description:

PROFESSIONAL BACKGROUND

Years of relevant experience

Professional license/certification (if applicable)

Briefly describe your professional experience and services:

GYFTED INC.

INDEPENDENT CONTRACTOR INTEREST FORM - CONTINUED

SERVICES & AVAILABILITY

Describe the services you are interested in providing to Gyfted Inc.:

Typical rate or fee structure (optional)

Availability / anticipated capacity

Why are you interested in working with Gyfted Inc.?

BUSINESS READINESS

- [ ] Able to provide a completed W-9 if engaged
- [ ] Professional/general liability insurance, if required for the scope of work
- [ ] Willing to enter into a written independent contractor agreement
- [ ] Willing to complete applicable screening or documentation requirements

ACKNOWLEDGMENT

Submitting this form is an expression of interest and is not an offer of employment or a guarantee of paid work. Gyfted Inc. may contact qualified individuals as needs and funding arise. Any engagement will be governed by a separate written agreement defining the scope of services, compensation, deliverables, and independent contractor relationship.

- [ ] I acknowledge that the information provided is accurate to the best of my knowledge.

Electronic Signature (type full name)

Date