



Office Fills out:

Date of Training: _____
Background Check: _____

Volunteer Application

This is confidential information not to be shared. Our organization deals with very sensitive and serious issues. This will allow us to know you and how our relationship will work best. Your past will not necessarily exclude you from volunteering. It is also for protection of everyone involved. We will also need a copy of your driver's license for our file.

Date: _____

First Name: _____ Last Name: _____ MI _____

E-mail: _____

Home Address: _____

City: _____ Zip code _____

Telephone: _____ Birthdate: _____

Drivers License Number: _____

Availability:

I am willing to put in _____ number of hours a **week/ month**.

I am available: **AM. OR PM. WEEKDAY/WEEKNIGHT WEEKEND**

Best way to contact me: **PHONE. TEXT. EMAIL**

Why do you want to be involved with Redeem and Restore Center?

Please circle areas you are interested in being involved with:

- *Awareness Education *Community Collaboration *Healing
- *Housing *Prayer Team *Financial *Mentoring

List any **SPECIFIC** service you may be interested in offering/providing, other qualifications, training, awards, or licenses:
