VOLUNTEER SIGN-UP FORM

RECLAIMING AND RESTORATION

Restoring Hope. Rebuilding Lives. Renewed Through God's Love.

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City/State/ZIP: _____
- Phone Number: _____
- Email Address: _____

EMERGENCY CONTACT

- Name: _____
- Relationship: _____
- Phone Number: _____

VOLUNTEER INTERESTS

- Areas you are interested in volunteering: _____

☐ Meal preparation/distribution ☐ Hygiene kit assembly

☐ Clothing sorting & distribution ☐ Spiritual encouragement

- Preferred Schedule/Availability: _____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Weekends ☐ Bi-Weekly ☐ Monthly ☐ Occasionally

AGREEMENT

I affirm that the information provided is true and that I am willing to volunteer with compassion, respect, and integrity.

Signature _____ Date, _____