



VOLUNTEER APPLICATION

PERSONAL INFORMATION

LEGAL NAME

DOB

ADDRESS

CITY

STATE

ZIP

PHONE(S)

EMAIL

Thank you for your interest in our ministry. Please tell us why you would like to volunteer at the Rose Garden:

Do you have any experience with women in recovery? YES NO Details: _____

How often do you want to volunteer? Daily Weekly Monthly

Do you drive? YES NO

We have a variety of ways to volunteer. Please check the areas that interest you:

- € Driving residents to appointments or to/from work
- € Organizing
- € Decorating
- € Cleaning
- € Painting
- € Transport large items to the dump
- € Lead morning devotions
- € Selling items online
- € Car maintenance/repair
- € Cover AM or PM shift(please circle one)
- € Budgeting/Taxes
- € Life Skills(sewing, cooking, etc) Other: Please Specify _____
- € Crafts
- € Exercise(biking, kayaking, yoga, etc)

- € Office Help(mailings, filing, computer skills, etc)
- € Fundraising support(work an event, invite friends, etc)
- € Fall/Spring outdoor cleanup
- € Mowing/yardwork
- € Gardening/planting flower beds
- € Handy Man(door knobs, cabinet doors, fixing dressers, etc)
- € Plumbing
- € Electrical
- € Running Errands for the house(run to the store, etc)
- € Pick up/drop off donations
- € Write a newsletter
- € Sort Clothing
- € Drywall Repair
- € Appliance Repair
- € Haircuts
- € Other Skills: _____

REFERENCES

Please provide two people who would serve as a character reference for you.

NAME	EMAIL	PHONE
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NAME	EMAIL	PHONE
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DISCLAIMER AND SIGNATURE

For the safety and protection of everyone, please know that we run a background check on all staff and volunteers. Please use a separate sheet of paper if there is anything you feel that we should know.

I understand that my application authorizes a background check to be performed.

Signed _____ Printed Name _____ Date _____

If you have any questions about your application, please contact Kayly Hulsey, Rose Garden Volunteer Coordinator at 574-377-3159