



VOLUNTEER APPLICATION

PLEASE EMAIL COMPLETED FORM TO RGRCDIRECTOR@GMAIL.

PERSONAL INFORMATION

NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE(S) _____ E MAIL: _____

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 Are you willing to run errands, or take ladies to appointments? YES NO

List the specific days and times of the week you are available. _____

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

- Driving residents to appointments or to/from work.
- Organizing, Cleaning, Painting walls
- Decorating
- Mentoring
- Transport large items to the dump
- Saturday evening movie night
- Lead morning devotions
- Selling items online
- Car maintenance
- Showing a DVD video and facilitate a discussion about it.
- Office assistance (mailings, filing)
- Fundraising support: (work an event, invite friends)
- Fall/Spring outdoor cleanup
- Mowing
- Gardening/planting flower beds
- Simple home maintenance (door knobs, plumbing, electrical)
- Running Errands for the house (run to the store, take unused donations to other charities, pick up items at the food pantry)
- Write a newsletter

If you would like one-on-one time with residents, which areas interest you?

- Budgeting/Taxes
- Life Skills
- Sewing
- Crafting/Art
- Exercise: (Biking, kayaking, yoga, etc) _____
- Other skills: _____
- Carpentry
- Cooking
- Gardening
- Computer Skills

Continued on the other side.

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 any information you feel that we should know.

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

SIGNED	PRINTED NAME	DATE
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If you have any questions about your application, please contact Becky Rassi, Director at 574 337-3155.