



Respite: _____ Riding: _____ Property: _____
Fund Raising: _____ Summer Camp: _____

Volunteer Application Form

Date: _____

The information this form will help us to know your interest in volunteering and which shall be discussed during your interview.(if needed) We also use this information for data entry and emergency situations.

Thank you for completing it.

Name _____

Address _____

Home phone _____ Cell _____

E- Mail Address: _____

Birthdate (Month and year only) _____

Emergency Contact:

Name _____ Relationship _____

Phone # _____ Cell _____

HealthCard# _____

Doctor's name and phone # _____

Age:

Under 18 yrs _____ 18-21 _____ 22-30 _____ 31-40 _____ 41-50 _____ 51-60 _____

60 or over _____

Are you working or a student? _____

Previous and/or present Volunteer involvement: _____

Personal skills, training, hobbies and interests: _____

What times are you available to volunteer?

please note: it is recommended that summer camp volunteers commit to at least one full week. (July 6, 13, 20, 27, Aug. 3 and 10)

Hours per week? _____

Times of day? _____

Preferred days _____

As needed _____

How did you learn about Red Roof

Retreat? _____

Why do you want to become a
volunteer? _____

Are there any further comments or information which you wish to
offer? _____

Please list 2 references (not relatives or friends):

Name: _____ Phone # _____

Name: _____ Phone # _____

Signature of
Volunteer _____

For office use:

Date Started: _____

Volunteer Role _____

Approximate # of Hours Completed _____

Finish date _____

(copy for RRR)

Revised May 2007