



Rural Enrichment And Counseling Headquarters

VOLUNTEER APPLICATION

Date: _____

Name: _____ Date of Birth (MM/DD/YR): _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Ph: () _____ Cell Ph. () _____

Work Ph. or Alternate #: () _____ Fax #: () _____

Email Address: _____

Preferred type of communication: Call Email Text Mailing

Days you would usually be able to volunteer:

- Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Is there any time of the year you are not available for volunteering? _____

Who can we contact in case of emergency? (Please name two people)

(1) Name _____ (2) Name _____

Relation _____ Relation _____

Phone _____ Phone _____

What are your special skills and interests?

What would you like to gain from volunteering?

Please check the areas at REACH that you may be interested in volunteering for:

- | | | |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Driving Program | Food Pantry: |
| <input type="checkbox"/> Fundraising/PR | <input type="checkbox"/> Mowing | <input type="checkbox"/> Unloading/Stocking Shelves (flexible) |
| <input type="checkbox"/> Gen Maint./Repair | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Assist Clients (flexible) |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Parades/Events | <input type="checkbox"/> Food Order Pick up in Fargo (1x/mo.) |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Backpack Program Deliveries (1x/mo) |
- Spirit of Giving:**
- Organizing Christmas Gifts
 - Food Baskets (Thanksgiving & Christmas)

For Volunteer Drivers only:

Do you have a valid driver's license?	YES	NO
Auto Insurance (100,000/300,000)?	YES	NO

Please list any traffic violations and dates:

Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform any type of work?

YES NO

If yes, please provide specifics of your physical and work limitations (standing, lifting, climbing; heart condition, asthma, diabetes, etc.) and list any accommodations that would be needed to perform such work:

Excluding misdemeanors and traffic violations, have you ever been convicted of a crime? YES NO

If yes, please explain:

Please complete the following by circling the appropriate answer.

<i>Gender:</i>	Male		Female			
<i>Age:</i>	0-5	6-18	19-35	36-64	65+	

All personal information that could be used to identify you, such as name, birth date, address, etc., written and received on this application is to be confidential and exclusive only to professionals in operation within the REACH facilities. The following information is used for demographic reporting.

The information I have provided on this form is true and accurate. I understand that certain volunteer duties may require a criminal background check and I will be informed prior to this being completed.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature (if under 18) _____ Date _____

Volunteer Coordinator's Signature _____ Date _____