R.I.S.E
RESTORED, INSPIRED
STANDING EMPOWERED

VOLUNTEER APPLICATION FORM

Fill out the form below so we can get to know you better and match you with the right opportunities.
Email completed form to: heidi@iamrise.org

PERSONAL INFORMATION

- 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: _____

☐ Workshop Facilitator ☐ Community Outreach ☐ Other:
☐ Fundraising & Campaigns ☐ Case Management

- Preferred Schedule/Availability: (include specific times of availability _____

☐ Weekdays _____ ☐ Evenings _____
☐ Weekends _____ ☐ Flexible _____

AGREEMENT

I understand that as a volunteer, I will not receive monetary compensation for my services.
I agree to follow the organization's policies and respect the values of the community I serve.

Signature: _____ Date: _____