

# Restoration Roads Ministry, Inc.

## Volunteer Information Form

Thank you for your interest in Restoration Roads Ministry, Inc. The information you provide will help us place you in a volunteer position which best suits your interests and skills as well as the needs of our agency.

### **PERSONAL INFORMATION**

Date of application: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other telephone: (i.e. cell, work) \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Name) (Contact number)

E-mail address: \_\_\_\_\_ Birthday: (day and month) \_\_\_\_\_

Age Group: Due to insurance regulations, we cannot accept volunteers less than 18 years of age.

18-55 years of age     55+ years of age

### **AFFILIATIONS**

Is your volunteer application the result of an affiliation with an organization?     Yes     No  
(i.e. school, church, business, etc)

If so, what organization? \_\_\_\_\_

Do you have previous volunteer experience with young adults ages 18-24?     Yes     No

If so, please elaborate in the "comments" section at the end of this application.

### **AREAS OF INTEREST**

Please indicate which of the following areas you are interested in volunteering in. You may also indicate what area specific tasks you are interested in.

SOCIAL SERVICES	<input type="checkbox"/> Data Input	<input type="checkbox"/> Male Driver	<input type="checkbox"/> Counselor	<input type="checkbox"/> Mentor	<input type="checkbox"/> Food pantry
HOUSING SERVICES	<input type="checkbox"/> Furniture mover	<input type="checkbox"/> Handyman	<input type="checkbox"/> Yard work/lawn mowing		
OUTREACH	<input type="checkbox"/> Feeding program	<input type="checkbox"/> Control	<input type="checkbox"/> Driving		
ADMINISTRATION	<input type="checkbox"/> Office clerk	<input type="checkbox"/> Grant writer	<input type="checkbox"/> Mailings	<input type="checkbox"/> Record keeping	
SPECIAL EVENTS/PR	<input type="checkbox"/> Tennis Tournament	<input type="checkbox"/> Gala	<input type="checkbox"/> Bingo Trail	<input type="checkbox"/> Representative	

**AVAILABILITY**

Are you a year-round resident?

Yes  No

If not, during what months are you local?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you interested in volunteering on a consistent basis?

Yes  Don't Know  No

Please indicate your preferred days and times to volunteer.

Volunteer opportunities are not available on Sundays

- |                                 |                                  |                                    |                                   |                                 |                                   |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> am     | <input type="checkbox"/> am      | <input type="checkbox"/> am        | <input type="checkbox"/> am       | <input type="checkbox"/> am     | <input type="checkbox"/> am       |
| <input type="checkbox"/> pm     | <input type="checkbox"/> pm      | <input type="checkbox"/> pm        | <input type="checkbox"/> pm       | <input type="checkbox"/> pm     | <input type="checkbox"/> pm       |

**APPLICATION SUBMISSION**

Please submit your application either through this website or mail to:

Restoration Roads Ministry, Inc .  
P.O. Box 511056  
Punta Gorda, FL 3351-1056

**COMMENTS**

You may include previous related volunteer or work experience, (s), physical limitations or referrals

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Please understand that it is not always possible to accommodate all volunteers in terms of their areas of interest and availability. Your application will be retained on file. Contact our office at 941-204-4180 for more information. And thank you again for your interest in Restoration Roads Ministry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Would you like to be on our mailing list?  Yes  No