

ASSIST • EMPOWER • ELEVATE



# Rural Outreach Center Volunteer Application Form

The ROC welcomes volunteers who are interested in supporting the ROC’s mission to break the cycle of rural poverty in our region. Volunteers at the ROC provide transportation to Participants, assist with children’s programs, help out at community events, and so much more.

You will have the opportunity to find the volunteer role that suits you the best. The ROC values the expertise that our volunteers bring to the organization, and we are excited to welcome you to our team!

Please fill out the following information and return this form to the ROC. Depending on the volunteer role you are interested in, we may ask for additional information.

Thank you for your interest in volunteering with the ROC!

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Can we text you? \_\_\_\_\_

Email: \_\_\_\_\_

What sort of volunteer role are you hoping to find at the ROC? Please share any details about what you are hoping to do: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share your general availability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations or concerns you would like the ROC to take into account when finding a volunteer role for you?

---

---

Please share an emergency contact:

---

---

Will you be asking for your volunteer hours to be signed off on as part of a requirement for an outside organization? \_\_\_\_\_

Please read the following and sign and date below to agree:

*As a volunteer at the ROC, I agree to abide by the policies and procedures of the organization. I understand that I will be volunteering at my own risk and that the organization, its employees, and its affiliates cannot assume responsibility for any liability for any accident, injury, or health problem which may arise from volunteer work. I agree that all of the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I understand I can stop volunteering at the ROC at any point. I agree to respect the privacy and confidentiality of the ROC's clients and employees.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under the age of 18, please have a parent/guardian sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_