

Restore Hope Orlando, Inc.

Volunteer Application

Date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Church Affiliation: _____

When are you available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Which programs/areas are you interested in volunteering?

Kid's Café (M,T,W,Th,Fr, 3:30-4:00)

Tutoring (M,T,W,Th, 4:30-5:25)

Office Help (T, Th, 11:00-12:00)

Homework Help (M,T,W,Th,F 4:30-5:25)

Community Christmas (Dec 4th , 11:00-2:00)

Cleaning (T, Fr, 11:00-12:00)

Reading for Success (Tuesdays 6:00-7:00pm)

Restore Orlando for Kids Program
Every 1st Saturday of the Month (10:00-1:00)

Please read and sign:

As a volunteer I understand and accept the following rules:

- A. Volunteers are accountable to the director of the program for which they are involved.
- B. Volunteers shall not remove clients from Restore Orlando's property or from any programs without prior written approval from the program director.
- C. Volunteers shall not solicit funds without the prior consent of the program director.
- D. All volunteer recruiting must be done with the approval of the Program Director.
- E. A criminal history background check and personal reference form is mandatory for any adult working with or around children.

I understand that Restore Orlando, Inc. is not responsible for any damages or injuries that occur to me while at work (volunteering) for or on the premises of Restore Orlando, Inc.

Signature

Date