

# Rochelle Rescue Mission Volunteer application

## Volunteer Information

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

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

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

Are you a citizen of the United States? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_ Did you graduate YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Where: \_\_\_\_\_  
\_\_\_\_\_

Skills: \_\_\_\_\_  
Talents: \_\_\_\_\_

## Emergency Contact

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Medical History

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

## **Photo release authorization**

- *I hereby authorize RRM to publish the photographs taken of me/my child, and my child's name, for use in their printed publications, website, and or social media.*
- *I understand that since my participation in any publications, website, and or social media produced by RRM is voluntary, I will receive no compensation.*
- *I release RRM, its contractors, volunteers, and employees from any liability for any claims by me or any third-party connection with my participation.*



*I certify that my answers are true and complete to the best of my knowledge.*

*I agree to follow the Policies and Procedures of the Rochelle Rescue Mission*

Signature:

Date:

---

---

Staff:

Signature

Date:

---

---