



Office Fills out:

Date: _____

Date of Training: _____
Background Check: _____

Volunteer Application

First Name: _____ Last Name: _____ MI _____

E-mail: _____

Home Address: _____

City: _____ Zip code _____

Telephone: _____ Birthdate: _____

Drivers License

Number: _____ Church Attend? _____

Referred/Found Us? _____ Workplace: _____

Availability:

I am willing to put in _____ number of hours a **week/ month**.

I am available: **AM. OR PM. WEEKDAY/WEEKNIGHT WEEKEND**

Best way to contact me: **PHONE. TEXT. EMAIL**

Why do you want to be involved with Redeem and Restore Center?

Please circle areas you are interested in being involved with:

*Awareness Education *Networking *Advocate * Events
*Housing *Prayer *Fundraising *Mentoring *Speaking *Office

List any SPECIFIC service you may be interested in offering/providing, other qualifications, training, awards, or licenses:



Champion Policies Agreement

Welcome! Thank you for choosing to partner with us! We keep all your personal information confidential and restricted to few vetted individuals. We will provide ongoing support, resources, guidance, and feedback. Together we grow; Together we love, restore, and support.

1. I acknowledge I am encouraged to attend DHT 101 & 102, some Connect & Grow Champion Team Meetings, and that RRC volunteer opportunities *may be limited if I do not attend*.
2. Be a positive role model in all interactions.
3. Be respectful of each individual's cultural, religious or racial differences
4. I commit to protect the privacy of all volunteers, survivors, and my interaction at RRC.
5. I will treat all information obtained through **RRC confidentially**, by not discussing personal information with others or in public places.
6. I commit to a minimum of **six months** of volunteer service.
7. I will debrief with RRC team leaders after any disagreement, incident, or sweet God moment.
8. I will not go beyond the limits of my training. I will consult with leadership if any questions or issues that I am not confident in answer or procedure.
9. I will express any personal opinions and/or concerns with leaders of RRC instead of discussing with any others.
10. If I am unable to meet the requirements to fulfill my coverage commitment, I will contact leadership as soon as possible.

I agree and accept each of these policies as I volunteer my time to best serve RRC. I understand that neglecting to fulfill the terms of the above agreement may result in termination of my status and/or affiliation with Redeem and Restore Center.

Signature

Date

Printed Name

RRC Staff Signature