Rock Bottom Ranch

Women's home

Volunteer Application

Return form to info@rockbottomranch.org or P.O. Box 3482, Palestine, TX 75802

General Information

Last First MI Address:	Name:			
Street City State Zip Home/Cell Phone:	Last		First	MI
Home/Cell Phone:	Address:			
Email Address:	Street	City	State	Zip
How did you hear about us? Volunteer Experience Please list any organizations or ministries that you are currently or have previously been involved with. For additional space, please use the back of this form. Organization/Ministry: Dates Volunteered: Briefly describe your participation: Organization/Ministry: Dates Volunteered: Briefly describe your participation: Briefly describe your participation:	Home/Cell Phone:		Work:	
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Organization/Ministry:				• •
Dates Volunteered:Briefly describe your participation:		•		
Briefly describe your participation:				
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Dates Volunteered:				
Dates Volunteered:	Organization/Ministry:			
	Briefly describe your parti	cipation:		
Aboutuou				
	About way			

Do you hold any certificates/licenses in any area? _____ Yes _____ No

If yes, please explain:

List any special skills:

Do you speak any other languages? _____ Yes _____ No

If yes, which language(s): _____

When did you come to a saving knowledge of Jesus Christ?

Do you attend church regularly? _____ Yes _____No

Where?_____

List any areas of involvement:

Availability

We recognize how valuable your time is! Please check the days and times you are available to volunteer.

After hours classes and special events are also available. Please check rockbottomranch.org for our upcoming schedule.

DAYS	MORNING	MID-DAY	AFTERNOON
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Please check the areas that you are interested in:

Ranch Help			
Fundraising	Event Planning	Mentoring	
Advertising/PR	Teaching/Preaching	Misc. Office	
Administrative Projects	Prayer	Drivers	
Leah's Closet	Abigail's Kitchen		
Special Store Projects	Organizing, Stocking and	Kitchen Supervision	
Stocking/Organizing	Cleaning food pantry	Preparation of meals	
Cleaning	Creating Menu		
Displays	Maintaining Inventory		
<u>RBR Events</u>	RBR Outreach		
Set up/Break down events	Evangelism		
Special tasks during events	Special Events		
Security/Parking, etc.			

Medical Liability Release

Do you have any medical limitations that we need to be made aware of, so we can place you in a position that would suit you best?

Are you taking any medications that could put you at risk?

I, ______ release Rock Bottom Ranch of all liability for any injury to myself while on their premises and/or while performing volunteer activities. I verify that the above information is accurate to the best of my knowledge. I agree to be responsible for keeping management informed if any medical conditions or medications should change.

Signature

Date

In Case of Emergency, Please Notify

Name:	Relationship:		
Address:			
City:	State:	_Zip:	Phone: