



# Southern Kentucky Reentry Council

## Volunteer Application

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

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

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

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

Emergency contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

We have a variety of volunteer opportunities. Please check all that interest you:

**Administrative:** Help with office tasks including making copies, stuffing envelopes, putting together packets, organizing, filing, etc.

**Events:** Help with registration, set-up and take down, interacting with and assisting guests, running different booths and activities, etc.

**Auxiliary:** Providing flexible support as needs come up.

What population are you interested in working with?

Youth     Adults in Recovery     Veterans     All

Availability: \_\_\_\_\_

Please share with us your skills, talents, and interests and any additional details:

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## Volunteer Agreement

As a volunteer, I agree to abide by the policies and procedures of Southern Kentucky Reentry Council. I certify that I am of at least 18 years of age. I understand that I am volunteering at my own risk and that Southern Kentucky Reentry Council cannot assume any liability for injuries that may arise from my volunteer work. Lastly, I fully understand that I am obligated to protect any confidential information that I may come in contact with as a volunteer.

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

Email completed application to [info@southernkyreentry.org](mailto:info@southernkyreentry.org),

or mail to: 2530 Scottsville Road, Suite 1, Bowling Green, KY 42104