



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:



Volunteer Agreement

As a volunteer, I agree to abide by the policies and procedures of the 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 the completed application to info@southernkyreentry.org,

or mail to:

The Warren County Regional Jail
C/O The Southern Kentucky Reentry Council
920 Kentucky Street
Bowling Green, KY 42101