Southern
Kentucky Reentry Council

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:

_____

_____

_____

_____

_____

_____

_____

_____

Southern
Kentucky Reentry Council

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:

Southern Kentucky Reentry Council
1945 Scottsville Road, B2 PMB# 394
Bowling Green, KY 42101