



Remote Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

You must be 18 years or older to register as a volunteer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Any special talents or skills you have that you feel would benefit our organization?

Are you a citizen of the United States? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Interests

Please tell us in which areas you are interested in volunteering

Area of Interest: _____

Fundraising

Blog Content Writer Blog Subjects Available
Health
Recipes
Spoken Word (Poetry)
Fashion

Online Curriculum

Online Curriculum

Curriculum Developer

Live Class Instructor

- Jewelry Maker
- Sewing Instructor
- Exercise
- Music
- Cooking

Social Media Posting

Social Media Posting

Content Creation

Availability

Please indicate days and time available:

Monday	<input type="checkbox"/>	From:	To:
Tuesday	<input type="checkbox"/>	From:	To:
Wednesday	<input type="checkbox"/>	From:	To:
Thursday	<input type="checkbox"/>	From:	To:
Friday	<input type="checkbox"/>	From:	To:
Saturday	<input type="checkbox"/>	From:	To:

Disclosures

[You will need to upload **ONE** form of identification **preferably with a photo.]

As a volunteer, we would like to advise you of the following conditions:

1. Confidentiality is of the utmost importance in our organizational setting to ensure that the dignity and integrity of residents, parents, staff and students are honored.
2. Any information collected, used, generated, and stored by the **Restoration Hope** including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. You may not disclose, communicate, publish, take, alter copy, interfere with, or destroy any information unless you are specifically authorized to do so by the **Restoration Hope's ***board, executive director, or admin staff.**
4. You must notify the executive director of any new criminal charges at the time the charge is made.
5. The teaching and administration staff are responsible for student learning and discipline in the micro-school.
6. Any failure to comply with these conditions or Restoration Hope Administrative Regulation Volunteers may result in termination of your position as a volunteer and/or legal action.

By signing this volunteer registration form, I am agreeing to the conditions outlined.

Disclaimer and Signature

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____