

## **VOLUNTEER APPLICATION**

Our organization encourages participation of volunteers who support Rooted OUTreach's mission. We encourage you to complete this application if you agree with our mission and are committed to be trained in our procedures.

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Any special talents or ski	ills you have that you feel wo	vould benefit Rooted OUTreach?

Our Community OUTreach Team educates neighbors/community on how they can fight human trafficking. Please indicate what areas you are interested in:

- Administrative
- Social Media
- Public Speaker
- \_\_\_\_ Event Planning
- Community Outreach
- \_\_\_\_ Event Day Support
- \_\_\_\_ Fundraising
- \_\_\_\_ Prayer Team
- \_\_\_\_ Visiting Local Businesses

Days available to volunteer? (circle) Mon Tues Wed Thur Fri Sat Sun

## Any physical limitations? \_\_\_\_\_

## In case of emergency contact: \_\_\_\_\_

As a volunteer of Rooted OUTreach 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 preform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment.

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