

Group: _____ Individual: _____ Start Date: _____ Status: _____	<h2 style="margin: 0;">ROCKFORD RESCUE MISSION</h2> <h3 style="margin: 0;">Volunteer Application</h3>	Type /Dept _____ Notes: _____
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Date: _____		Volunteer position applying for: _____	
Name: (Last) _____	(First) _____	(Middle Initial) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Group Name (if applicable): _____			
Applicant's Address: _____		S.S.Number _____	
City: _____	State: _____	Zip Code: _____	
Home Phone: () _____	Work Phone: () _____	Email: _____	
Birth date: _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Spouse: _____	Years Married: _____		

Employer Name: _____

Employed: Full Time Part Time Position: _____

What employment experiences have you had?

School: _____

Student: Full Time Part Time Year: _____ Field of Study _____

Your two favorite ways to spend free time (hobbies, interests, etc.):

1) _____

2) _____

List any type of volunteer experience you have had:

List any information or other experiences relevant to a volunteer position with Rockford Rescue Mission (Such as special training, leadership positions)

What do you know about Rockford Rescue Mission?

How did you learn about Rockford Rescue Mission?
 Speaker Church Friend Radio News Mailing Other: _____

Check here _____ if you consent to RRM using your photo for their Web Site.

Your church affiliation & address: _____	Pastor's name: _____
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REQUESTED OF ALL, BUT REQUIRED FOR LIFE RECOVERY & CRISIS PROGRAM APPLICANTS: Describe your spiritual journey with God on the back side of this page.

List two people (other than family) for references. Please list a daytime phone number:

Name: _____	Position: _____	Phone: () _____
Name: _____	Position: _____	Phone: () _____

FOR APPLICANTS WHO WISH TO WORK WITH CHILDREN/YOUTH:

Because of our concern for safety, all volunteers who work with children or youth must undergo a background check. Are you willing to submit to a background check? Yes No

I AFFIRM THAT THE INFORMATION CONTAINED ON THE APPLICATION IS TRUE.

Signature: _____ Date: _____

Mail to: Rockford Rescue Mission ~ Attn: LaWanna Eldridge ~ Volunteer Services Coordinator ~ P.O. Box 1958 ~ Rockford, IL 61110

