

Restoration Haven, Inc.

Volunteer Application

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Education: GED High School Technical School College Other _____

Church Membership: _____

Previous Volunteer Experience:

Special skills, talents, interest, abilities, hobbies, that you think will help you in this ministry:

Reference:

Name: _____ Relation _____

Address: _____ City/State: _____ Zip code: _____

Phone number: _____ E-mail: _____

Person to notify in case of emergency:

Name: _____ Relation _____

Address: _____ City/State: _____ Zip code: _____

Phone number: _____ E-mail: _____

Signature: _____ Date: _____