

**Routes to Roots
Volunteer Application Form**

Name: _____
Address: _____
Email: _____
Phone: _____
In case of emergency notify: _____ Phone: _____

Please note that you must be at least 19 years of age to volunteer for this event

Medical Limitations: Yes No

If yes, please describe _____

Present or Previous Volunteer Roles:

Available dates and times: (please add a check mark ☐ to indicate your availability)

Thursday evening

Friday afternoon

Friday evening

Saturday afternoon

Saturday evening

Languages Spoken _____

References:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1. _____	_____	_____
2. _____	_____	_____

I hereby agree that all information provided is true and accurate and I give the Routes to Roots Volunteer Coordinator authorization to check my references.

Signature: _____ Date: _____