



THE RELIEF BUS VOLUNTEER APPLICATION

(Please print very clearly and submit prior to volunteering)

295 Walnut Street Elizabeth, NJ 07201-1105 • 800.736.2773 • www.reliefbus.org • volunteer@reliefbus.org

DATE(S) OF OUTREACH: _____ AGE: _____ FIRST TIME VOLUNTEER? Y / N (circle)

NAME: _____ OCCUPATION: _____

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____ E-MAIL: _____

FACEBOOK PROFILE NAME: www.facebook.com/_____

DRESS CODE: It is important to dress modestly and wear weather appropriate clothing. DO NOT wear open-toed shoes, short-shorts, bare midriffs, tight clothing, tank tops, clothing with vulgar or explicit messages, clothes advertising drugs/alcohol, or wear expensive clothes/jewelry.

Church you attend (if applicable): _____

How did you hear about The Relief Bus?: _____

NEXT STEPS! Additional Opportunities To Serve

Please **circle** any areas you would be interested in volunteering in the future: We WILL contact you!

✓ Short-term Missions: (1 Week -1 Year)



INTERNSHIPS: Summer / 1 Year

✓ Donation: Financial

✓ Donations: Socks, Gloves, hats, etc.

For your safety, NYCR maintains a no-fraternization policy. DO NOT FRATERNIZE, flirt with, or give any personal information to any staff, volunteers, community service workers, or others encountered during your time with or after your time with the Relief Bus. ANY contact with ANY person MUST be approved of by a Relief Bus Leader. IF you give your personal information to any individual such as phone number, email address, mailing address, etc. you may be opening yourself up to unwanted contact.

RELEASE

I hereby grant New York City Relief (NYCR) - The Relief Bus, the full right to use my participation in NYCR in part or in full, audio, video, published and/or produced in any form, in any way that NYCR deems useful. I further release New York City Relief, (The Relief Bus), from responsibility of any harm or sickness incurred as a result of volunteering with the Relief Bus.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE A PARENT OR LEGAL GUARDIAN SIGN AND AGREE TO THE ABOVE RELEASE FORM. THANK YOU.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

PRINT NAME: _____ DATE: _____