



VOLUNTEER APPLICATION

DATE: _____

Full Name: _____ D.O.B: ____/____/____
 Mailing Address: _____
 Primary Phone #: _____ Other Phone #: _____
 E-Mail: _____
 Are you a student? Y/N School: _____ Major: _____
 Are you applying for an internship? Y/N If yes, how many hours do you need? _____
 Are you bilingual? Y/N Language: _____
 Do you know anyone who works for Project R.E.S.T.? Y/N Who? _____
 Do you have a valid driver's license? Y/N
 Do you have a car available for use while volunteering? Y/N

Place of Employment: _____
 Education (highest year completed): _____ School: _____
 How did you learn of Project R.E.S.T.? _____

 Please list any past volunteer experience you've had: _____

 Do you have any special skills, training, interests, etc.? Please specify: _____

 Are there specific volunteer roles/service areas of interest to you? Check all that apply.
 Don't see your fit? Please tell us about your unique skill set and interests.

<ul style="list-style-type: none"> <input type="radio"/> Board Trustee <input type="radio"/> Domestic Violence Crisis Line <input type="radio"/> Front Office <input type="radio"/> Education/Outreach <input type="radio"/> Events <input type="radio"/> Sexual Assault Crisis Line <input type="radio"/> Shelter <input type="radio"/> Thrift Store <input type="radio"/> Other _____ 	Comments/additional information: _____ _____ _____ _____
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Have you ever received services from Project R.E.S.T. or a similar organization? Y/N

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