



Respite Care

CHARLESTON

DEMENTIA & ALZHEIMER'S SUPPORT

Volunteer Sign Up

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

I would like to volunteer at:

Johns Island - Monday
 Johns Island - Thursday
 James Island - Tuesday
 James Island - Friday

Mt. Pleasant - Monday
 Mt. Pleasant - Wednesday
 Mt. Pleasant - Friday

West Ashley - Tuesday
 West Ashley - Thursday
 North Charleston - Wed

Interests / hobbies / background which may be relevant to our day programs:

Please sign below to indicate your agreement with the following statements:

- RCC staff may use my name, image or likeness in photographs or videos for program publicity / outreach.
- I understand that volunteers are not permitted to be alone one-on-one with any respite participant while at the program site.
- I will not take photos / videos of participants.
- I agree to keep confidential all information about current or former members and their families I learn while volunteering with RCC, and I understand that it would be a violation of policy to disclose such information to anyone without checking first with the Executive Director.

Volunteer Signature: _____ Date: _____