



## 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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Johns Island - Monday   | <input type="checkbox"/> Mt. Pleasant - Monday    | <input type="checkbox"/> West Ashley - Tuesday  |
| <input type="checkbox"/> Johns Island - Thursday | <input type="checkbox"/> Mt. Pleasant - Wednesday | <input type="checkbox"/> West Ashley - Thursday |
| <input type="checkbox"/> James Island - Tuesday  | <input type="checkbox"/> Mt. Pleasant - Friday    | <input type="checkbox"/> North Charleston - Wed |
| <input type="checkbox"/> James Island - Friday   |   |   |

### 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: \_\_\_\_\_