



Volunteer Application Form

Thank you for your interest in serving with Repairer of the Breach (ROTB).

We are a faith-based, holistic wellness organization committed to restoration, healing, and empowerment. Volunteers are an essential part of our mission.

PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____

SSN: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Street _____

City _____ State _____ Zip _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

AVAILABILITY

Days Available (check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred Time(s)

Morning Afternoon Evening Flexible

How often are you available to volunteer?

Weekly Bi-Weekly Monthly Event-Based Only

AREAS OF INTEREST

(Please check all that apply)

- Wellness Center Support
- Front Desk / Hospitality
- Event & Workshop Support
- Community Outreach
- Administrative Support
- Prayer Team
- Nutrition / Wellness Support
- Rooted Mama Program Support
- Redeemed & Restored (Re-entry / Prison Reform Support)
- Street to Success Gala / Events
- Media / Photography / Social Media
- Facilities / Setup / Breakdown
- Other: _____

EXPERIENCE & SKILLS

Do you have previous volunteer experience?

- Yes No

If yes, please describe:

Relevant skills, certifications, or training (optional):

HEART & ALIGNMENT

Why do you want to volunteer with Repairer of the Breach?

Do you agree to serve in a manner that aligns with ROTB's faith-based values, holistic approach, and code of conduct?

- Yes No

BACKGROUND & SAFETY

Have you ever been convicted of a felony?

- Yes No

If yes, please explain (this does not automatically disqualify you):

Do you consent to a background check if required for certain roles?

- Yes No

LIABILITY WAIVER & AGREEMENT

I understand that volunteering with Repairer of the Breach may involve participation in activities related to wellness services, events, outreach, or administrative support. I voluntarily assume all risks associated with participation and release Repairer of the Breach, its officers, staff, and affiliates from any liability for injury, loss, or damage.

I agree to maintain confidentiality regarding client, participant, and organizational information. I understand this is a volunteer position and does not constitute employment.

Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Date Application Received _____

Approved Yes No

Role Assigned _____

Start Date _____

After submission, our team will review your application and contact you regarding orientation and placement. Thank you for being a part of the work of restoration.