



## Volunteer Registration

### Contact Information

Name: \_\_\_\_\_ Starting Date at RLC: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Family Members: \_\_\_\_\_

### Demographics (optional-used for grant applications)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_Male \_\_\_Female  
Race/Ethnicity: \_\_\_African-American \_\_\_Asian-American \_\_\_Caucasian \_\_\_Hispanic \_\_\_Other

### Miscellaneous

Do you have any physical/medical limitations of which we should be aware? (We will make every effort to accommodate your needs.) \_\_\_\_\_

What Special Interests/Hobbies or Skills would you like to share? \_\_\_\_\_

How did you learn about the Real Life Center? \_\_\_\_\_

List any community organizations or groups to which you belong: \_\_\_\_\_

Do you currently attend a church? If so which one? \_\_\_\_\_

Would you be willing to share a brief statement of your spiritual beliefs? \_\_\_\_\_

### Area(s) of Interest Serving at Real Life Center

\_\_\_ Assessment Counseling \_\_\_ Receptionist/Front Desk \_\_\_ Food Pantry \_\_\_ Food Drives \_\_\_ Clothes Closet  
\_\_\_ Thrift Store \_\_\_ Career Counseling \_\_\_ Daily Bread \_\_\_ Warehouse/Donations

### Availability

9am-12pm: \_\_\_Mon \_\_\_Tue \_\_\_Wed \_\_\_Thu; 5pm -7pm: \_\_\_Thu; \_\_\_Weekly \_\_\_Bi-Weekly \_\_\_Monthly

## Volunteer Oath of Confidentiality

I, \_\_\_\_\_, agree to keep confidential all information pertaining to Real Life Center, and/or its subsidiaries, clients or other confidential information including data lists, financial numbers, client or volunteer personal information, etc. I agree not to remove files from the premises of Real Life Center and/or its subsidiaries or to divulge any information obtained through Real Life Center without the express written permission of Real Life Center and/or its subsidiaries. I further agree not to publish or otherwise make public any information regarding Real Life Center and/or its subsidiaries. I further agree not to publish or otherwise make public any information regarding Real Life Center and/or its subsidiaries, clients, donors, sponsors, employees or volunteers in such a way that would make the person identifiable. \_\_\_\_\_ (Please initial)

### Consent (If volunteer is under the age of 18, the parent/legal guardian must complete this section.)

I give my consent for \_\_\_\_\_ to volunteer at Real Life Center.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete both pages and return (mail, fax, or email) to:

**Address:**

Real Life Center  
Attn: Vicki Troyer  
220 Parkade Ct Ste A  
Peachtree City, GA 30269

**Fax #:**

770-632-1646

**Email Address:**

[vtroyer@reallifecenter.org](mailto:vtroyer@reallifecenter.org)