

# Bridges of Rouse Volunteer Application

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

What days and times are best for you to volunteer?

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Please check any of the existing volunteer opportunities we currently offer at Bridges of Rouse that you may be interested in.

Assisting with meal/snack time

Assisting clients during planned activities

Reading to clients

Painting nails

Sharing a musical talent, if so please explain \_\_\_\_\_

Visiting 1:1 with clients

Gardening

Please list any other specific special talents or skills you would share with our clients.

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As a volunteer, you are not considered an employee of the Rouse Estate therefore you are not covered by the Estate's Workers' Compensation or General or Professional Liability Insurance. The Rouse Estate does provide a limited excess insurance policy for volunteers, but this insurance is secondary to your personal insurance.

\_\_\_\_\_  
Signature /date

# Bridges Of Rouse Youth Volunteer Application

Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Telephone \_\_\_\_\_

Your School \_\_\_\_\_

Interests or Hobbies \_\_\_\_\_  
\_\_\_\_\_

Have You Volunteered Before? \_\_\_\_\_

What Did You Do? \_\_\_\_\_  
\_\_\_\_\_

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## PARENT/GUARDIAN CONSENT FORM

I, \_\_\_\_\_ give my permission for my child  
\_\_\_\_\_ to volunteer at the Rouse Home.

Signature \_\_\_\_\_

Date \_\_\_\_\_