



Rescue Mission

VOLUNTEER Group Application

Group Name/Family: _____

Contact Person: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____ Number of Volunteers in Group ____

Approximate age range of volunteers _____

How did you hear about the Cornerstone volunteer program? _____

How often will your group volunteer? (Please mark one or more of the following)

One time Once a week Once a month Special Events

Other _____

Day/Dates will volunteer _____

Which area of our ministry would your group like to serve?

Project Work Serve and Prepare Meals Thrift Store

Miscellaneous help Cleaning/Yard work

Agreement

It is understood and agreed upon by the Cornerstone Rescue Mission and the undersigned that the relationship being entered into is one of volunteerism and not employment; that both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees; that either party may terminate the volunteer services at any time, with or without cause and without prior notice.

Contact Person's Signature _____

Cornerstone Mission Signature _____

We appreciate your interest in volunteering. We will be in touch with you shortly!

Please Return Completed Form To:

Cornerstone Rescue Mission
Attention: Volunteer Coordinator
PO Box 2188
Rapid City, SD 57702
605.718.0710