



295 Walnut St, Elizabeth, NJ 07201
1-800-736-2773

THE RELIEF BUS www.reliefbus.org VOLUNTEER APPLICATION

(please print very clearly)

DATE: _____ AGE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Church you attend (if applicable):

How did you hear about The Relief Bus?:

Check this box if you **do not** want to receive The Relief Bus newsletter:

Please **circle** any areas you would be interested in volunteering in the future?:

Relief Bus Short-term Missions Receptionist Construction
Bus Driver Data Entry Other: _____

Thank you for your willingness to serve God with us today! Please sign the release below before you volunteer.

RELEASE FORM

I hereby grant New York City Relief (NYCR) - The Relief Bus, the full right to use my participation in NYCR in part or in full, audio, video, published and/or produced in any form, in any way that NYCR deems useful.

I hereby release NYCR from all responsibility for any injury or sickness contracted during the time I am volunteering with NYCR.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE A PARENT OR LEGAL GUARDIAN SIGN AND AGREE TO THE ABOVE RELEASE FORM. THANK YOU.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

PRINT NAME: _____ DATE: _____