

NON-PROFIT SUPERVISED
VISITATION CENTER

UNITED FAMILIES



429 Kansas City Street, Suite 15
Rapid City, SD 57701

VOLUNTEER FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ CAN YOU TEXT: YES or NO

EMAIL ADDRESS: _____

How do you prefer to be contacted?

- Email
- Text Message
- Phone Call

VOLUNTEER FOR:

- Visitation Monitor
- Transporter
- Room Keeper

How many hours would you like to volunteer a week? _____

How did you hear about us?

- Our Website
- Facebook
- School
- Other (Please Specify): _____