

# Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

How many hours per month would you like to volunteer? \_\_\_\_\_

During which hours are you available for volunteer assignments? (Check all that apply)

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

- Administrative Support  
 Answer Hotline calls  
 Childcare  
 Community Fundraising Events  
 Donation Management  
 Shelter Support  
 Support Group Facilitator  
 Transportation

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### *Previous Volunteer Experience*

How did you hear about SAFE? \_\_\_\_\_

Do you have any experience working with people in crisis situations?      \_\_\_\_\_YES      \_\_\_\_\_NO

Summarize your previous volunteer experience.

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### *History*

Are you a survivor of domestic violence or sexual assault?      \_\_\_\_\_YES      \_\_\_\_\_NO

### *Person to Notify in Case of Emergency*

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### *Agreement and Signature*

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	