



Please type or print in ink. Use an additional sheet if needed and/or attach a resume. All applicants will be contacted within two weeks to schedule general orientation.

Date _____

Name _____ DOB ____/____/____
(Last) (First) (Middle Initial)

Address: _____ Phone: _____/
(Street/Mailing) (Home/Cell)

City: _____ State: _____ Zip: _____ Email: _____

Education: _____
(Highest Grade Completed; Degree)

Other Training: _____
(Relevant Workshops, Courses, Specialized Trainings)

Volunteer & Paid Experience: May we contact your present or former employers? YES NO

Employer	Job Title	Phone	Dates Worked

Special Skills/Talents That May Be Applicable:

(Computer, office, counseling, supervisory, teaching, second language, yard work, maintenance, childcare, etc.)

Personal References: (At least one professional reference)

Name	Phone	Relationship	Years Known

List Organizations & Community Groups You Belong To:

List Special Interests & Hobbies:

What volunteer areas interest you?

If you are interested in more than one, rate in order of preference.

Category:

- *Crisis Intervention:** 24-hour Crisis Hotline Advocate: _____ Navigator: _____
- *Court Advocacy:** Legal Document Assistance: _____ Court Accompaniment: _____
- *Education & Outreach:** Awareness Events: _____ Resource Booths: _____
- Residence:** Cleaning (and other day-to-day chores): _____ Cooking/Meal Prep: _____
 Childcare: _____ Yard Work: _____ Maintenance: _____ Organization: _____ *Filing: _____
 *Group Education: _____ *Resident Transportation (using agency vehicle): _____
 AWBW Art Program: _____
- Fundraising Events:** Crab Feed (Feb): _____ Walk-A-Mile in Her Shoes (May): _____
 Dancing with the Stars (June): _____ Fall Fundraiser (October): _____
- Clerical Assistance:** Filing: _____ Grant Writing: _____ Newsletters: _____
 Donations: _____ Accounts Payable: _____ Reception: _____ Appointments: _____
- Other:** _____

**Completion of the Domestic Violence and Sexual Assault Crisis Intervention and Advocacy training course may be required for all direct client services. See Volunteer brochure for details about each volunteer opportunity and certification requirements.*

- Are you able to make a one-year commitment?** YES NO
- What hours of the day are you available?** AM PM Evening
- What days of the week are you available?** SUN MON TUES WED
 THUR FRI SAT
- What are the total numbers of hours you can volunteer?** Weekly _____ Monthly _____
- May we use your name or picture in our publications?** YES NO
- Have you ever been convicted of a criminal offense? (Felony or Misdemeanor)** YES NO

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.)

Please complete the following sentences:

I want to be a volunteer with One SAFE Place because:

I work best with people who:

I have difficulty working with people who:

I heard about volunteering with One SAFE Place from:

How do you typically manage stress and crisis situations?

(Note: One SAFE Place requires volunteers and staff who work directly with clients and who have experienced domestic violence or sexual assault in their own lives to have been out of the situation for at least one year.)

1.) Have you ever experienced or in any way been a part of a domestic violence situation?

YES NO How long ago? _____

2.) Have you ever experienced or in any way been a part of a sexual assault situation?

YES NO How long ago? _____

3.) Have you ever been involved with someone who has experienced or in any way has been a part of a physically, emotionally, or sexually abusive situation?

YES NO How long ago? _____

If you wish to comment on the above questions 1-4, please use the space provided here:

One SAFE Place is an at-will volunteer service provider. Volunteer service at-will may be terminated with or without cause or notice by the volunteer or agency. The facts set forth in this application for volunteer service are true and complete. I understand that if accepted as a volunteer, false statements on this application shall be considered sufficient cause for dismissal. One SAFE Place are hereby authorized to make any investigation of my personal history by contacting any persons or firms listed to substantiate claims of employment, education, character, etc. If deemed not appropriate for volunteerism with this organization through the reference check process, I understand that One SAFE Place will not release any information gathered about me to myself or others. I understand that this application does not constitute a contract for volunteer service.

Signature

Date

Signature of Parent/Guardian if applicant is
under 18 years of age

Date

DO NOT COMPLETE THIS PAGE. FOR STAFF USE ONLY.

Personal Reference Verification

Volunteer Name: _____

1.) Name & Phone #: _____ Date: _____

Relationship: _____ Years Known: _____

Strengths would bring to position: _____

Any obstacles to performing position: _____

Comments:

2.) Name & Phone #: _____ Date: _____

Relationship: _____ Years Known: _____

Strengths would bring to position: _____

Any obstacles to performing position: _____

Comments:

3.) Name & Phone #: _____ Date: _____

Relationship: _____ Years Known: _____

Strengths would bring to position: _____

Any obstacles to performing position: _____

Comments:

_____ **Reference checks completed.**
_____ **LiveScan completed.**

_____ **Confidentiality forms completed.**
Volunteer start date: _____