



REBUILDING LIVES

Nonprofit Domestic Violence Shelter
Residential Home for Fostered Youth

VOLUNTEER APPLICATION

We consider applicants for all positions regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Name: _____ Date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Phone: _____

Other Phone: _____ Date of Birth: _____ SS Number: _____

Do you have any friends or relatives that work for us? Yes No

Name of employee: _____

Do you have First Aid/CPR Certification? Yes No Expiration Date: _____

Have you worked for us before? Yes No Dates of employment/volunteering: _____

How did you hear about the Family Crisis Center?

What special skills/talents do you have? _____

Have you ever been convicted for anything other than a minor traffic violation? Yes No

If yes, please explain circumstances, give dates, offense and disposition: _____

Have you ever claimed the First Offenders Act? Yes No

List any Professional, business or civic activities and offices you hold: _____

Why are you interested in volunteering for the Family Crisis Center? _____

Previous Volunteer Experience

Organization: _____ Dates: _____ to _____

Work Performed: _____

Organization: _____ Dates: _____ to _____

Work Performed: _____

Organization: _____ Dates: _____ to _____

Work Performed: _____

Employment

Current Employer _____ Phone: _____

May we contact them? Yes No

Education

High School _____ Did you graduate? Yes No

Undergraduate College _____ Degree Yes No

Degree _____

Other _____ Degree _____

Personal/Professional References

Name	Phone Number	Occupation

What are you most interested in doing while volunteering here?

- Clerical Work Children's Activities Women's Group Cleaning/Organizing
- Fund Raising Counseling Yoga/Exercise Group Public Relations/Outreach
- Other _____

Schedule you would like to volunteer (please write the hours you would like to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I HEREBY RELEASE THE FAMILY CRISIS CENTER, ITS DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL RESPONSIBILITY AND LIABILITY FOR ANY INJURY, ILLNESS OR ANY CLAIM OF ANY SORT WHATSOEVER THAT OCCURS WHILE I AM AT THE FAMILY CRISIS CENTER OR ON THE PROPERTY.

Signature: _____ Date: _____

Print Name: _____

Volunteer Coordinator: _____ Date: _____