



**Volunteer Application
HomeSafe, Inc.**

Please note: all information is protected under HomeSafe's Confidentiality Policy

Please print:

Last Name: _____

First Name: _____

Middle Name: _____

Nickname: _____

Mailing Address: _____

Apartment, Lot or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

Work Telephone: _____ Email Address: _____

Date of Birth (dd/mm/yyyy): _____

Educational Level: _____

Current Occupation: _____

Optional: Are you a survivor of domestic abuse? _____ Yes _____ No

Emergency Contact:

Last Name: _____ First Name: _____

Relationship: _____ Best Telephone Number: _____



Availability:

Do you need the volunteer hours for school/college credit? Yes / No

If yes, how many hours? _____

Is there a time frame or deadline for completing these hours, please list dates: _____

Are the volunteer hours needed for Community Service credit? Yes / No

If yes, how many hours? _____

Is there a time frame or deadline for completing these hours, please list dates: _____

Days and times available: _____

Have you ever been employed or volunteered with a program that addressed domestic violence, sexual assault, or child abuse? If so, please list agency, years employed and your position: _____

Volunteer opportunities at HomeSafe encompass a variety of positions and tasks. The following is a partial list of activities to consider. Please circle any you might be interested and would like to have additional information.

Children	Store Room
Office	Helpline and Helpline Back Up
Advocate	Community Outreach
Clerical	Peer Counseling
Maintenance	YouthSafe Program
Board Committee	

Please list your experiences or skills that relate to the preferences indicated above: _____

Please list any previous or current volunteer experiences (including agency name, your role, and how many hours you volunteer/month): _____



Volunteer Privacy Information and Release Authorization

Application Information:

- I certify that all information in this application is true and complete.
- I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References:

- I understand that HomeSafe requires information from me to evaluate my qualifications for volunteer service.
- I authorize and release personal references,/or college and professional supervisors or probation officers to answer questions in regards to volunteer work, employment, ability, medical and emotional background and, if applicable, driving history.

Background Investigation:

- I understand a background investigation may be conducted before volunteer work begins.
- I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state, or local justice agency and a driving history.
- I authorize HomeSafe to conduct the background investigation and release HomeSafe from responsibility for this investigation.
- I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at HomeSafe.

I have read and understand the above and by my signature consent to these statements.

Applicant Signature

Date

Date

Staff Witness

