



Volunteer Application

Contact Information	Date:
Name:	
Street Address:	
City, State and Zip Code:	
Birthday:	Work Phone:
Home Phone:	Cell Phone:
E-Mail Address:	

My interest in volunteering for the Crisis Shelter lies in the following area(s): Please check		
<u>Client Interaction: REQUIRES 65 HOURS TRAINING</u> ***	√	<u>Fundraising:</u>
<u>Client Support:</u> Provide shift coverage to work with clients in emergency shelter or teach/share a hobby with the women ***		~~Auction – help with preparation prior to event; assist patrons the night of event
<u>Hotline:</u> Answer 24 hour telephone & provide support and crisis intervention ***		~~Golf Outing – registration; watch hole; serve food, beverages
<u>Advocacy:</u> Support clients during court; be present at sentencing’s, hearings or pleas then notifying clients of decision results afterwards ***		<u>Community Outreach/Awareness:</u> Staffing informational tables and assisting at community events
<u>On Call:</u> Serve on 24 hour on call rotation to accompany clients at the hospital or police station after an assault ***		<u>Holiday Parties and Events:</u> – chaperone and assist with details, decorating, crafts, food etc.
<u>Clerical:</u> Preparing letters and newsletters for mailing, bookkeeping, financial		<u>Cell Phone Collection:</u> – distribute boxes to businesses, schools, organizations, churches, etc. and regularly pick up and deliver to Crisis Shelter
<u>Gardening:</u> Planting and/or caring for flowers, shrubs or a vegetable garden		<u>Maintenance:</u> - Mowing grass, cleaning, housekeeping, painting,
<u>Wish List:</u> Collect items needed by shelter		<u>Carpentry/Electrical/Masonry Work:</u>

List any other areas of expertise you possess that you feel could be advantageous to the Crisis Shelter:

Summarize your previous volunteer experience:

Person to Notify in Case of Emergency:

Name

Street Address

City, State and Zip Ccode

Home Phone/Cell Phone

Work Phone

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

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this volunteer application and for your interest in volunteering with the Crisis Shelter to help make a difference in the lives of victims of abuse.