



Volunteer Application

Date

Personal Information

First Name Last Name Middle Initial

Address Apt. # City State Zip

Employer Position/Title

Contact me at:

Home# Work# Mobile/Cell# Best Time to Call

E-mail Address

Background

Have you ever been known by any other name? No Yes (specify)_____

_____.

Have you ever pled guilty to, received probation or deferred adjudication for, or been convicted of any crime? No Yes (provide details)_____

_____.

Are you currently serving probation or deferred adjudication for any crime? No Yes (provide details)_____.

Have you ever been terminated or asked to resign by any employer or volunteer program? No Yes (provide detail)_____.



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Has your professional license ever been denied, suspended or otherwise restricted?

No Yes (provide details)_____.

Do you have any relatives currently working for S.A.F.E. House? No Yes (name & relationship)_____.

Have you ever applied to S.A.F.E. House? No Yes Date:_____.

Have you ever worked for S.A.F.E. House? No Yes Dates:_____ Reason for separation_____.

Eligibility (Per Job Description)

- | | |
|---|---|
| <input type="checkbox"/> No Felony Crime of Moral Turpitude | <input type="checkbox"/> Minimum of High School or Equivalent |
| <input type="checkbox"/> At least 21 Years of Age | <input type="checkbox"/> Has Valid Driver's License |
| <input type="checkbox"/> Has Vehicle & Required Insurance | <input type="checkbox"/> Speaks and Writes English Fluently |
| <input type="checkbox"/> Meets Physical & Mental Requirements | <input type="checkbox"/> Can Be Reached By Telephone |

How did you hear about S.A.F.E. House?_____.

Interests (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Direct Services | <input type="checkbox"/> Special Project |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Facilities Program | <input type="checkbox"/> Family Program |
| <input type="checkbox"/> Computer Lab Aide | <input type="checkbox"/> Administrative/Clerical |
| <input type="checkbox"/> Other_____ | |

*Some volunteer positions require driving.

Is there any population that you would not feel comfortable working with? No Yes (specify)_____.



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Education (If possible, include a copy of your resume)

Please give a brief summary of your educational background_____

Have you ever served in the U.S. Military/ No Yes (Branch and Rank)_____

Do you presently serve in the National Guard or Reserve? No Yes

Specialized Skills and Knowledge

Please list any special skills_____

Please describe any job-related training received in the United States Military_____

Please describe any volunteer experience you have had in the past_____

Please complete all categories that apply

Professional licenses that you hold:_____

Currently First Aid and CPR Certified No Yes

Other certifications:_____

Languages that You Speak, Sign, or write (other than English)_____

Typing or Data Entry Speed_____wpm

Software Proficient With & Skill Level (Expert, Intermediate, Beginner)_____



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Have you read the job description for the position for which you have applied?

No Yes

Do not answer the next question unless you have read the job description for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? No

Yes (if no, please explain) _____

Availability (Indicate the hours you are available to volunteer)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

About Yourself

Qualities and Characteristics (Briefly describe what qualities and characteristics you have that make you a good candidate as a volunteer.)

What do you hope to gain from volunteering? Why S.A.F.E. House?



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List any interests and/or hobbies. _____

Reference (Include address and ZIP code; application will not be processed without complete information. Examples are volunteer experience references, former employers, business associates, professors, etc.)

Ref. 1	First Name	Last Name	Phone #
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Address	City	State	Zip
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Ref 2	First Name	Last Name	Phone #
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Address	City	State	Zip
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Personal-Require 1 (Examples are friends, fellow volunteers, etc.)

First Name	Last Name	Phone #
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Address	City	State	Zip
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Verification & Release of Liability

I understand and acknowledge the following:

My signature below certifies that I verify that all of the information on this application and any attached exhibits and resumes is true, correct and complete. I have not withheld any information requested by S.A.F.E. House. I understand that false, misleading, incomplete or omitted information will result in the rejection of my application or termination from volunteer program regardless of when discovered

I authorize investigation of all statements contained in this application and any supporting documents. I authorize S.A.F.E. House to secure information about my experience former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my qualifications for employment. I hereby release all parties and persons from any and all damages that may result from furnishing such information to the company as well from the use or disclosure of such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees or representatives. I agree to furnish additional information if requested.

I understand that the volunteer program reserves the right to terminate my volunteer status as a result of (a) failure to comply with S.A.F.E. House policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or behavior; or (d) any other circumstances which, in the judgment of S.A.F.E. House staff, would make my continues services as a volunteer contrary to the best interests of the agency.

Any conditional offer of acceptance by S.A.F.E. House is subject to successful completion of all employment requirements including, but not limited to verification of employment/personal references, criminal record, license certification (where appropriate) and driving record.

I agree that, if I am offered a volunteer position, I will be required to conform to the rules and standards of the company.

Volunteer Applicant Signature (required)

Date



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If Accepted as a Volunteer

I agree to:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients.
2. Become familiar with S.A.F.E. House policies and procedures and uphold its philosophy and standards.
3. Donate my services to S.A.F.E. House without contemplation of compensation.
4. Be punctual and conscientious; conduct myself with dignity, courtesy and consideration of others.
5. Carry out assignments and seek the assistance of my supervisor when necessary.
6. Take any problems, criticisms or suggestions to my supervisor or to the volunteer coordinator.
7. Refrain from wearing clothing that advertises, endorses or displays alcohol, tobacco, drugs or widely offensive content.
8. Record hours worked on the volunteer sign-in sheet each day.

I have read all of the above conditions, and I agree to abide by them

Volunteer Applicant Signature (required)

Date