



12041 Ravenna Road
Chardon, Ohio 44024
(440) 286-7154 x224

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Birthday: _____ Are you 18 years of age or older? ____ Yes ____ No

Are you presently employed/attending school? ____ Yes ____ No

If yes, where? _____

How many hours per week do you wish to volunteer? _____

Please provide the names, addresses and phone numbers of 3 references that you have known for at least one year (only one reference may be a relative):

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Relationship: _____ Relationship: _____

Name: _____

Address: _____

Daytime Phone: _____

Relationship: _____

Have you ever had any previous contact with WomenSafe, Inc.?

____ Yes ____ No

If yes, please explain: _____

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain: _____

We have a non-violent philosophy for clients using our services, staff and volunteers. This means that there is no verbal, emotional or physical abuse allowed by women or men residing at the shelter, clients, staff or volunteers involved with our agency. Do you feel comfortable adopting this philosophy during your time as a volunteer? Please explain:

ALL VOLUNTEERS MUST ATTEND APPROPRIATE ORIENTATION AND CONTINUING EDUCATION TRAININGS. VOLUNTEERS MAY BE ASKED TO CONSENT TO A CRIMINAL BACKGROUND CHECK AT THEIR OWN EXPENSE.

I am willing to participate in the screening, orientation and training procedures involved. I will keep the confidentiality code enforced by this agency in Section 3.2 of the policy and procedure manual.

Signature

Date

Social Security Number

PERMISSION TO CONDUCT REFERENCE CHECK

I _____ (volunteer's name), hereby authorize WomenSafe, Inc. to conduct a reference checks from names listed above in connection with my volunteer application, and release them from any liability in regard to the same.

Signature

Date

VERIFICATION STATEMENT

I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications may not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after hiring.

Signature

Date

PERMISSION TO VERIFY CONTENT

I _____ (volunteer's name), hereby authorize verification of all statements herein and release WomenSafe, Inc., the Green House and all others from liability in connection with same.

Signature

Date

Volunteer Interest Survey

() indicates positions requiring fingerprints on file*

We attempt to place our Volunteers in positions where they have the most interest. Occasionally you may be asked to volunteer in an area where we have the greatest need. Please select the area in which you have the greatest interest/comfort in volunteering.

_____ **RESIDENTS *** (transportation, relocation, education, visit)

_____ **CHILDREN *** (tutor, schoolwork, crafts, play games, childcare, reading)

_____ **ON-CALL ADVOCACY*** (Receive crisis calls, assist in meeting needs)

_____ **PUBLIC RELATIONS/SPECIAL EVENTS** (Distribute literature, staff booths, Make phone calls, assist with speeches)

_____ **SOLICITING DONATIONS/WORKING SPECIAL EVENTS *** (Bake, plan fundraisers, solicit donations, host events, assist with mailings)

_____ **CLERICAL** (File, data entry, Answer phones, Xerox)

_____ **SHELTER MAINTENANCE/DONATIONS** (lawn care, clean, sort/pick up donations)

_____ **MISCELLANEOUS** (please describe below)

Please list any additional activities that you wish to do that are not listed on this form.
