

# Center For Hope and Safety

12 Overlook Ave., Rochelle Park, NJ 07662 \* Phone: 201-498-9247 x301\* Fax: 201-498-9256  
Email: jean@hopeandsafetynj.org

Last Name		First Name		Middle Initial	Today's Date
Street Address		City, State, Zip			Date of Birth
Home Phone	Work Phone		Cell Phone	Email	
High School		Undergraduate School/Major/Graduation Date			Post Graduate School Major/Graduation Date
Primary Language		Additional Language Fluency			Additional Language Fluency
Ideal hours/Days to Volunteer		Can you commit to a regularly scheduled shift?			Can you be called to assist with short notice?

## History of Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name		Telephone ( )	
Address		Employed – (Month and Year) Start                      Last	
Name of Supervisor			
State Job Title and Describe Your Work		Reason for Leaving	

Company Name		Telephone ( )	
Address		Employed – (Month and Year) Start                      Last	
Name of Supervisor			
State Job Title and Describe Your Work		Reason for Leaving	

Are you a member of any organizations? If so, please list
Center For Hope and Safety conducts a 40-hour Domestic Violence training program that is required for volunteers interested in working directly with clients. Training takes place in the Fall and Spring on 10 evenings from 6pm to 10pm. Are you interested in attending the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
What specific skills or abilities would you bring to Center For Hope and Safety?
Are you an active volunteer with any other organizations? Please describe
How were you referred to Center For Hope and Safety?
What made you decide to become a Center For Hope and Safety volunteer?

Describe any experiences you have had regarding domestic violence

Have you or has anyone you know ever stayed at Center For Hope and Safety or at another shelter for domestic violence?

If your personal experience includes instances of domestic violence, when was did the last incident of abuse take place?  
 Currently taking place                       6 months to 1 year                       1-3 years                       over 5 years

Have you ever pleaded guilty to a felony, a misdemeanor, a disorderly/petty disorderly persons offense, or driving under the influence?  Yes  No  
 If Yes, please explain (will not necessarily exclude you from consideration):

Please number from 1 to 3 with 1 being your first choice, which volunteer assignments you prefer:  
 \_\_\_ Children's Program      \_\_\_ Tutoring      \_\_\_ Hotline      \_\_\_ Office Support      \_\_\_ Legal Advocacy      \_\_\_ Organizing Donations  
 \_\_\_ Computer Work      \_\_\_ Mentoring      \_\_\_ Fundraising      \_\_\_ Child Care      \_\_\_ Special Projects  
 \_\_\_ Other...please describe:

Do you have any questions or comments regarding this commitment?

Please list two references (excluding family) that have known you for at least one year. In addition to listing two references, please attach 2 letters of reference (professional and/or personal) and your resume.

Name	Street Address	City, State, Zip	Telephone/Email	Relationship

In case of emergency, please notify:

Name	Street Address	City, State, Zip	Telephone	Relationship

**Do not write below this line:**

Status: (Staff only)  
 Accepted       Not Accepted       Scheduled for Training       Background Check       |      References sent       References Received

Screened by: Date:	Notes:
-----------------------	--------