



CENTER FOR HOPE AND SAFETY VOLUNTEER APPLICATION

Volunteer Information

Full name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

What hours and days are you available? _____

Can you commit to a regularly scheduled shift? (*Weekly, biweekly, monthly or quarterly*) _____

What language(s) do you speak and write fluently? _____

How were you referred to CHS? _____

Have you ever used CHS services (shelter, transitional housing, etc.)? Yes No

Are you 18 years or older? Yes No Can you be a volunteer on short notice? Yes No

Have you previously volunteered for CHS? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No
(*Answering yes will not necessarily exclude you from consideration*)

If yes, explain: _____

Are you a member of any organizations? If so, please list (*optional*): _____

Education

High School: _____ Address: _____

Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

Did you graduate? Yes No Diploma: _____

Other: _____ Address: _____

Did you graduate? Yes No Diploma: _____

References

Please list two (2) references (excluding family) that have known you for at least one year. In addition, please attach your resume.

Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Name: _____ Relationship: _____
 Company: _____ Phone: _____

Volunteer Assignments

Please list any of your specific skills: _____

Please check the following volunteer assignments you would prefer participating in (does not require 40 hour training):

Office Support Handyperson Special Events/ Fundraising
 Organizing Donations Gift Wrapping (seasonal) Housing Clean Up
 Other _____

Center for Hope and Safety conducts a required 40-hour Domestic Violence Training Program for all volunteers working directly with clients.

Are you interested in attending this mandatory training? Yes No

If yes, please check the following volunteer assignments you would prefer participating in (**REQUIRES 40 hour training**):

Community Enlightenment Client Transportation

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to volunteering, I understand that false or misleading information in my application or interview may result in my termination of volunteering from Center for Hope and Safety.

I understand that Center for Hope and Safety reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the organization. Center for Hope and Safety cannot guarantee volunteer placement, but will make every effort to match volunteer applicants to volunteer opportunities based on the needs of the organization and the interests and abilities of the volunteer.

I authorize investigation of the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that volunteering with Center for Hope and Safety is conditional upon the results of my criminal background check and CARI background check.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE (Staff Only):

<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> CARI Background Check	<input type="checkbox"/> Background Check
Screened By: Date:	Notes:		