



# 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:		