

**For Office Use Only**

Date Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

**Status**

Accepted \_\_\_

Declined \_\_\_

**Training Information:**

Training Attended: \_\_\_\_\_

Training Completed: \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best place to call me: Home \_\_\_ Work \_\_\_ Cell \_\_\_

Person to notify in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMPLOYMENT**

Are you currently employed? \_\_\_Yes \_\_\_No If yes, where? \_\_\_\_\_

What is your job title? \_\_\_\_\_ Hours of Work? \_\_\_\_\_

**EDUCATION**

Are you currently attending school? \_\_\_Yes \_\_\_No

If yes, please list the name of school and the degree you are working towards:

School \_\_\_\_\_ Degree \_\_\_\_\_

Has a family member or friend ever been a victim of DV, SA or Stalking or other violent crime?  
\_\_\_Yes \_\_\_No If yes, please share \_\_\_\_\_

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Have you volunteered with other organizations: \_\_\_Yes \_\_\_No If yes, where/when?

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Why do you want to volunteer with Your Safe Haven? \_\_\_\_\_

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Have you had experience, training or skills in any of the following areas?

Counseling: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Crisis Intervention: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Public Speaking: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Admin./Clerical: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Fund Raising: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Website Develop: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Newsletters: \_\_\_Yes \_\_\_No When? \_\_\_\_\_ Where? \_\_\_\_\_

Please check all areas that you may be interested in volunteering:

\_\_\_Provide Hotline Coverage

\_\_\_Assist at Central Court

\_\_\_Assist at PFA Court

\_\_\_Assist in Developing Newsletter

\_\_\_Grant Writing

\_\_\_Assist at Custody Hearings

\_\_\_Assist in Managing Agency Website

\_\_\_Assist in Future Volunteer Training

\_\_\_Assist in Intervention/Education Activities

\_\_\_Coordinate Volunteer Activities

\_\_\_Public Speaking

\_\_\_Administrative/Clerical Work

\_\_\_Legislative Issues

\_\_\_Other \_\_\_\_\_

Have you ever been convicted of a felony offense? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIALITY** All those associated with Your Safe Haven, Inc. (YSH) whether as employees, volunteers, or members of the Board of Directors, uphold and acknowledges the

**ABSOLUTE CONFIDENTIALITY** of all information, they receive either from clients, staff, or other agencies. All members of YSH further recognize and uphold the integrity of our clients, each other and other agencies. Breaching this confidentiality is cause for dismissal.

I agree to abide by the above statement of confidentiality

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide two (2) professional references (no relatives) including full name, telephone and email information:

Name

Phone

E-Mail Address

\_\_\_\_\_

\_\_\_\_\_

To determine my qualifications for volunteer service, I authorize YSH to conduct necessary clearance and background checks. These must be done before I can perform any duties at YSH. I understand that any false or misleading information provided on the application could result in the rejection of this application. My signature below indicates that I have given YSH permission to proceed with this investigation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_