

Intern/Volunteer Application

Mission Statement: Haven House is dedicated to the elimination of violence against survivors of domestic and sexual violence, stalking, and harassment through empowerment, education, social action, and support services.

| General Information: | | | | | | |
|--|------------------|--------------------------------------|-----------|--------------|----------|------------|
| Name ${\text{(First)}}$ (Last) | | (Pronouns) | D.O.B _ | | | (mm/dd/yy) |
| Address | | (i reneane) | | | | |
| (Street) | (City) | | (State) | | (Zip) | |
| Home Phone () | | Cell Phone | (|) | | |
| Email Address | | | | | | |
| IN CASE OF EMERGENCY CONTACT | | | | | | |
| Name | Relationshi |) | | Phone (|) | |
| Do you have a car available? | _ Do you have | e liability insu | ırance on | your vehicle | ? | |
| Are you enrolled in college? Yes | No If yes | , I am applyin | g for the | Fall / | Spring / | Summer |
| What year are you in? | | What is y | our Majo | r? | | |
| Place of Current Employment: | | | | | | |
| What is the best way to contact you du | ring the daytime | hours? | | | | |
| Do you have any physical limitations? _ | If yes | , explain: | | | | |
| Languages you speak: | | | | | | |
| Volunteer Availability: (Circle all that a Number of Days per week: 1 2 3 4 5 Monday Tuesday Wednesday Thu | 6 7 | Saturday S | Sunday | | | |
| Shelter Advocacy Transportation Assistance | Crisis Line | e Volunteer e Assistance eping | | | | |

| In your words define the fo | ollowing terms: | | |
|--------------------------------|------------------------------------|------------------------------|---|
| 1. Domestic Violence: | | | |
| | | | |
| | | | |
| | | | |
| 2. Sexual Assault: | | | |
| | | | |
| | | | |
| 3. Confidentiality: | | | |
| | | | |
| | | | |
| Liet ony provious valuntes | or ovporionage and activities | parformad | |
| List any previous voluntee | er experiences and activities | perronnieu: | |
| How did you hear about Ha | aven House's volunteer oppo | rtunities? | |
| | | turnios. | |
| Driefly evaloin your interes | at in valunta aring at Hayan H | auga and what you would | ika ta gain from this avnariance? |
| brieffy explain your interes | st in volunteering at naven no | buse, and what you would | ike to gain from this experience? |
| | | | |
| | | | |
| * Please include yo | ur resume along with your o | completed application, e | ther by email or in person. |
| List two references who c | lo not live with you, and who a | are not related to you (e.g. | co-worker, supervisor, pastor, |
| instructor, etc.) In order to | process your application, a c | complete mailing address | on each reference is required. |
| Name | PO Box o | r Street | Relationship |
| - | | | |
| City | State | Zip | Phone |
| Name | PO Box o | r Street | Relationship |
| TG.IIIC | r o Box o | | Holdtonomp |
| City | State | Zip | Phone |
| | • | • | nain confidential. Please be aware understand that my acceptance as |
| • | is subject to favorable, routine i | | • |
| records. I do agree that the i | nformation I have supplied is tru | ie to the best of my knowled | ge. I understand that the provision |
| of talse information is groun | d for my immediate dismissal fo | r Haven House's volunteer s | ervices. |

Applicant's Signature Date Page 2 of 2