



## Volunteer Application

**Mission Statement:** Our mission is to Empower, Shelter, and Advocate for survivors of domestic violence and sexual assault.

**General Information:**

\_\_\_\_\_  
First Name Last Name Date

\_\_\_\_\_  
Address City State Zip

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Home Phone Cell Phone Email

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Date of Birth Divers License #

Do you have a car available? \_\_\_\_ Do you have Liability insurance on your vehicle? \_\_\_\_

\_\_\_\_\_  
Emergency Contact Relationship (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone

\_\_\_\_\_  
Address City State Zip

**Place of Current Employment:** \_\_\_\_\_

What is the best way to contact you during the day time hours? \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_ If yes, explain: \_\_\_\_\_

Are you enrolled in college? Yes No

Languages you speak: \_\_\_\_\_

**Volunteer Availability:** (Circle all that apply)  
Number of Days per week: 1 2 3 4 5 6 7  
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- Please check all volunteer opportunities you would be interested in:
- \_\_\_\_ Outreach Assistant
  - \_\_\_\_ Shelter Advocacy
  - \_\_\_\_ Transportation Assistance
  - \_\_\_\_ Translator/Interpreter
  - \_\_\_\_ Crisis Line Volunteer
  - \_\_\_\_ Child Care Assistance
  - \_\_\_\_ Housekeeping
  - \_\_\_\_ Clerical/Donation Assistance

In your words define the following terms:

1) Domestic Violence: \_\_\_\_\_  
\_\_\_\_\_

2) Sexual Assault: \_\_\_\_\_  
\_\_\_\_\_

3) Confidentiality: \_\_\_\_\_  
\_\_\_\_\_

List any previous volunteer experiences and activities performed: \_\_\_\_\_

Where did you hear about volunteering at Haven House?  
\_\_\_\_\_

Briefly explain why you are interested in becoming a volunteer for Haven House, and what you would gain out of this experience? \_\_\_\_\_  
\_\_\_\_\_

List two references who do not live with you, and who are not related to you (e.g. co-worker, supervisor, pastor, instructor, etc.) In order to process your application, a complete mailing address on each reference is required.

1.

Name	PO Box or Street		Relationship
City	State	Zip	Phone

2.

Name	PO Box or Street		Relationship
City	State	Zip	Phone

I understand that the following information is for Haven House’s records only and will remain confidential. Please be aware that we will check your background and reference to make the best placement for you. I understand that my acceptance as a volunteer at Haven House is subject to favorable, routine inquiry of criminal & driving history, child abuse & neglect records. I do agree that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is ground for my immediate dismissal for Haven House’s volunteer services.

Applicant’s Signature

Date