



someplace safe

SAFETY. OPTIONS. HOPE.

Crime Victim Advocacy, Parenting Time Centers, and Community Thrift Stores

Volunteer Application

Name: _____ Date: _____

Phone: (____) _____ Email: _____

Address: _____

Emergency Contact: _____

Is your volunteer time Required? _____ Temporary? _____ Seasonal? _____

Areas of Interest for Volunteering:

- Office Support/Cleaning
- Special Event/Fundraising
- Collecting/Sorting Donated Items
- Court Case Tracking
- Client Services
- Answering Crisis Line
- Internship
- Other _____

Indicate Location(s) of Interest:

- Advocacy _____
- Parenting Time Center _____
- Thrift Store _____

Hours available to Volunteer

Mornings: _____ Afternoons: _____ Evenings: _____ Weekends: _____

Are you currently employed? Yes _____ No _____ Work from home _____

Special Skills, Trainings: _____

Interests and hobbies: _____

Other Volunteer Experience: _____

Add me to Someplace Safe online and newsletter list? Yes, please: _____ No, thank you: _____

STAFF USE ONLY:

_____ Background Check Submitted	_____ Background Check Cleared	_____ Attended Volunteer Orientation
_____ Volunteer Acknowledgement Form	_____ 40 Hour PTC Training Completed	
_____ VAT Online Completed	_____ 80 Hour Advocacy Training Completed	