SafeCenter
Domestic and Sexual Violence Services

VOLUNTEER APPLICATION FORM

NAME _____ DATE _____

MAILING ADDRESS: STREET _____ CITY _____ ZIP _____

PHONE: HOME _____ WORK _____ CELL _____ BEST TIME TO CALL _____

EMAIL ADDRESS _____

GOALS YOU WISH TO ACHIEVE THROUGH YOUR WORK AT SAFE CENTER? (PLEASE CHECK THREE THAT APPLY MOST)

- ☐ COMMUNITY INVOLVEMENT
- ☐ GAIN KNOWLEDGE/LEARN NEW SKILLS
- ☐ HELP OTHERS
- ☐ EXPLORE NEW FIELDS OF WORK
- ☐ ACHIEVE PERSONAL GROWTH
- ☐ MEET NEW PEOPLE
- ☐ ENHANCE EMPLOYMENT SKILLS
- ☐ DISCOVER NEW INTERESTS

CAREER/WORK EXPERIENCE.

- ☐ ARTIST
- ☐ CHILDCARE
- ☐ COMPUTERS/OFFICE
- ☐ EDUCATION
- ☐ GRANT WRITING/FUNDRAISING
- ☐ HEALTHCARE
- ☐ HOMEMAKER
- ☐ LAW ENFORCEMENT
- ☐ LIBRARIAN
- ☐ MUSIC
- ☐ PUBLIC RELATIONS
- ☐ RESEARCH
- ☐ SALES
- ☐ SOCIAL WORK
- ☐ TECHNOLOGY
- ☐ OTHER: _____

PLEASE CHECK ANY POSITIONS THAT YOU ARE INTERESTED IN. (JOB DESCRIPTIONS ARE AVAILABLE WWW.THESAFECENTER.ORG)

- ☐ CHILDCARE ASSISTANT
- ☐ DONATION PICK-UP AND DELIVERY
- ☐ OFFICE ASSISTANT (INCLUDING GEN. CLEANING)
- ☐ SPECIAL EVENTS/SPECIAL PROJECTS
- ☐ AWARENESS ACTIVITIES
- ☐ VOLUNTEER MANAGEMENT
- ☐ FUNDRAISING COMMITTEE
- ☐ MAINTENANCE/REPAIR
- ☐ SHELTER ASSISTANT
- ☐ TRANSPORTER
- ☐ NEWSLETTER
- ☐ YARD/GARDEN WORK

WHEN ARE YOU AVAILABLE TO VOLUNTEER? ☐ WEEKDAYS ☐ WEEKNIGHTS ☐ WEEKENDS

PREFERRED LOCATION TO VOLUNTEER? ☐ CLINTON COUNTY ☐ SHIAWASSEE COUNTY ☐ NO PREFERENCE

HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN VOLUNTEERING? _____

HAVE YOU BEEN A CLIENT OF SAFECENTER OR ANY OTHER DOMESTIC/SEXUAL VIOLENCE PROGRAM WITHIN THE PAST YEAR?
☐ YES ☐ NO

HAVE YOU HAD PREVIOUS VOLUNTEER EXPERIENCE? ☐ YES ☐ NO
IF YES, WHERE DID YOU VOLUNTEER AND WHAT DID YOU DO?

_____

ALL VOLUNTEERS ARE REQUIRED TO PARTICIPATE IN TRAINING.

VOLUNTEER WHO **WILL BE** WORKING DIRECTLY WITH CLIENTS WILL BE REQUIRED TO COMPLETE A MINIMUM OF 20 HOURS CLASSROOM TRAINING AND 16 HOUR SHADOWING TRAINING.

VOLUNTEERS WHO **WILL NOT BE** WORKING DIRECTLY WITH CLIENTS WILL BE REQUIRED TO COMPLETE A MINIMUM OF 8 HOURS OF CLASSROOM TRAINING.

COMMENTS / CONCERNS / OTHER:

SAFECENTER
INFORMATION RELEASE

DUE TO THE NATURE OF OUR WORK AND FOR THE SAFETY OF STAFF, CLIENTS AND VOLUNTEERS, A CRIMINAL BACKGROUND CHECK MUST BE COMPLETED. PLEASE COMPLETE THE FOLLOWING INFORMATION.

NAME | OTHER NAMES | DATE OF BIRTH

SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER

RACE | SEX

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE. I AUTHORIZE SAFECENTER TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CRIMINAL HISTORY CHECK.

SIGNATURE OF APPLICANT | DATE

AGENCY REPRESENTATIVE | DATE

PLEASE LIST AT LEAST THREE REFERENCES. REFERENCES WILL BE CONTACTED BY PHONE.

NAME | PHONE NUMBER | RELATIONSHIP

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PLEASE RETURN COMPLETED FORM TO:

SAFECENTER
P.O. BOX 472
ST. JOHNS, MI 48879