



Volunteer Application



Personal Information

Name: _____
Address: _____ City: _____
State: _____ ZIP: _____
Work phone: _____ Cell phone: _____
Email: _____



Work and Education Experience

Please select the option that best applies to your current employment status:

Currently employed Currently between jobs Student I am retired

Current job position/title: _____
Current employer: _____ Duration of employment: From: _____ To: _____

Does your employer allow for time off to volunteer? ____ Yes ____ No

Education:

Please indicate below the school you are attending, your year in school, degree you are seeking, and approximate graduation date.

_____ College/ University _____ Year
_____ Degree _____ Graduation Date

Are you currently a student? ____ Yes ____ No

Please list any other degrees you have:

_____ Degree _____ College/University
_____ Degree _____ College/University

References

Please list 2 non-family reference whom we might contact:

Name: _____ Phone: _____
Name: _____ Phone: _____

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Availability (some volunteer opportunities require a minimum time commitment)

Please indicate your availability below:

Weekdays 9 AM till 5 PM	Weekends 9 AM till 5 PM
___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday	___ Saturday ___ Sunday
Weeknight and evenings 5 PM till 11 PM	Weekend nights/evenings 5 PM till 9 PM
___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday	___ Saturday ___ Sunday

For students only:

Are you volunteering as part of a class project or requirement? If so please state the class or project requirements: _____



Skills and Interests

Please indicate your experiences/skills:

- ___ Advocacy/Civil Rights
- ___ Children's Programs (Art Therapy/Child Care)
- ___ Community Outreach/Education
- ___ Counseling
- ___ Event Planning/Coordinating
- ___ Fundraising
- ___ Finance
- ___ Grant Writing
- ___ Hotline
- ___ HTML/Web Design

- ___ Life Skills (stress management, self-sufficiency skills, job readiness, resume)
- ___ Maintenance
- ___ Social Media
- ___ Volunteer Relations

Other:

Please include any certifications or trainings relevant to volunteering with us: _____

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As a volunteer you will be working with clients of many different ethnic and socioeconomic backgrounds. Clients may have values and beliefs quite different from your own. Please describe why this will or will not present a difficulty or adjustment for you as a volunteer. _____



Volunteer Opportunities

Please help us match you with assignments you would enjoy. Please indicate the types of volunteer services that are of interest to you (check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> 24 Hour Crisis Hot Line | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Administrative Duties | <input type="checkbox"/> Landscaping/Maintenance |
| <input type="checkbox"/> Children's Department | <input type="checkbox"/> Research or Individual Projects |
| <input type="checkbox"/> Court Companion Program | <input type="checkbox"/> Shelter Shopper |
| <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Social Media/Marketing |
| <input type="checkbox"/> Donations Sorter | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Education and Outreach | <input type="checkbox"/> Transportation |

Are there specific tasks that you are unable to perform due to physical limitation or personal preference? Yes ___ No ___ If yes, please explain: _____

Have you volunteered with us before? Yes ___ No ___ . If Yes, please explain why you stopped volunteering. _____

What are your goals as a volunteer?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> School Credits | <input type="checkbox"/> Internship | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Resume Enhancement |
| <input type="checkbox"/> Corporate Sponsorship | <input type="checkbox"/> Contribution to Community | <input type="checkbox"/> Court Ordered | |
| <input type="checkbox"/> Church Outreach | <input type="checkbox"/> Socialization | Other: _____ | |

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Background Verification

Have you ever been convicted of a criminal offense? Yes ___ No ___

Please explain: _____

Have you ever been charged with neglect, abuse or assault? Yes ___ No ___

Please explain: _____

Has your driver's license ever been suspended or revoked in any state? Yes ___ No ___

Please explain: _____

Do you use illegal drugs? Yes ___ No ___

Please explain: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Email Address _____



How did you hear about us?

Social Media (Facebook, Twitter, Instagram, Web page) _____

Referred by friend/volunteer _____ School/Teacher _____ Community Forum _____

TV/Radio _____ Newspaper _____ Church _____ Work _____ Other: _____



Terms and Agreements

Our volunteer program may need to do one or all of the following background screenings (Criminal Background, Child Protective Service Record, Sexual Offender Record and Driving Record). If so, all information, as well as all information on this application will be kept confidential and measures will be taken to protect your privacy. To do the screenings social security number and date of birth will be needed.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. I further consent for Samaritan House to obtain additional information necessary to process my application. This may include but is not limited to employment verification, references and background checks. (Please note your refusal may exclude you from consideration from volunteering with Samaritan House).

Name: _____ Today's Date: _____
Social Security Number: _____ Date of Birth: _____

Thank you for your interest in Samaritan House

Mission: To foster personal safety, self-sufficiency and personal growth in adults and their children through freedom from domestic abuse and homelessness.

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