

Volunteer Application

Note: A 40 hour orientation course is required of anyone desiring an internship/volunteer position providing direct services to clients.

Purpose of Application (please check one):

- To Volunteer
 - Crisis Line/Client Services
 - Office Volunteer
 - Fantastic Finds (Thrift Store)
 - Board of Directors
 - Other (please specify _____)
- To Intern
- To enroll in training only

Last Name	First Name	Middle Name	Maiden (if applicable)
Mailing Address		City	State Zip
Home Phone	Work Phone	Cell/Mobile	Email Address

Occupation:

Employer	Current Position	Starting Date
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If you are currently in school, please complete the following:

School	Year	Major/Degree	Anticipated Graduation Date
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Please list your work, volunteer, and/or personal interest skills: _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

Why are you interested in volunteering/interning with SAFE? _____

How did you learn of SAFE? _____

Have you ever received services from SAFE? Yes No

Are you currently in an abusive relationship? Yes No

SAFE

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Please list the names and contact information of three people who have worked or volunteered with you. You may include instructors. Please do not use any family members.

Name	Contact Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Interns Only

What are the hourly requirements of the internship?

What are the beginning and end dates of the internship? (How many weeks total?)

What are the school requirements of the internship? (i.e., supervision, etc.)

What skills are you expected to gain from this internship?

Please sign this application. Your signature authorizes SAFE to request a criminal background check.

Signature _____	Printed Name _____	Date _____
Date of Birth _____ / _____ / _____		

PLEASE NOTE: If you are under 18 years of age, SAFE requires parental/guardian permission to perform any volunteer services. Please have your parent/guardian complete the section below:

I, _____ hereby give permission for _____, _____
(Parent/guardian) (volunteer's name)
_____ to volunteer at SAFE of Harnett County, Inc. I will provide for all
(relationship)
transportation associated with his/her volunteer service. Additionally, I release SAFE of Harnett County, Inc., from any/all liability associated with any accident/injury occurring while he/she is providing volunteer services for SAFE of Harnett County, Inc.

Signature _____	Date _____
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SAFE of Harnett County, Inc. complies with all EEOC regulations.