



Domestic Abuse Support Center
PO Box 665
Shawano WI 54166

VOLUNTEER APPLICATION

Date of Application _____

Name _____ Phone _____

Email Address _____

Address _____ City _____ Zip _____

Hours/Days available for volunteering _____

Educational Background (years of schooling/certificates/ professional degrees) _____

List any related courses, work or volunteer experience that would assist you in working at SAFE HAVEN _____

Occupation _____ Employer _____

Please check your area(s) of interest:

- 24 Hour Crisis Helpline
- Legal Advocacy
- Hospital Advocacy
- Transportation
- Public Speaking
- Lawn & Yard Work

- Childcare
- Support Group Facilitator
- Fundraising
- Client Support
- Office Relief
- Other _____

Why are you interested in becoming a volunteer for SAFE HAVEN?

Do you have any prior experience working with people in crisis/stress situations? If yes, please explain: _____

Have you been a victim of domestic violence or sexual assault in the past year? _____

Hobbies and Interests _____

Have you ever been convicted of a felony or misdemeanor? ___ If yes, explain

Do you have a valid driver's license and automobile liability insurance? _____

If yes, licenses number _____

If yes, insurance company and address _____

Do you speak another language fluently? Would you be willing to act as an interpreter if the need arises? If so, what language(s) do you speak? _____

Do you know how to sign language? Would you be willing to act as an interpreter if the need arises? _____

Please list three references:

Name _____ Relationship _____

Home phone _____ Daytime phone _____

Name _____ Relationship _____

Home phone _____ Daytime phone _____

Name _____ Relationship _____

Home phone _____ Daytime phone _____

I understand that my acceptance as a volunteer with SAFE HAVEN is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from SAFE HAVEN as a volunteer.

Signature _____ Date _____

Date of Birth _____

PLEASE READ BEFORE SIGING: If you have any questions regarding this statement, please ask before signing.

I authorize SAFE HAVEN to investigate all statements in my resume/application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions and SAFE HAVEN from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with SAFE HAVEN.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if SAFE HAVEN has not employed me and for immediate dismissal if SAFE HAVEN has employed me. I also authorize SAFE HAVEN to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or any other party having a legal and proper interest, and I hereby release SAFE HAVEN from any and all liability for its providing this information.

In the event of my employment with SAFE HAVEN, I will comply with all rules, regulations and policies set forth or other communications distributed by SAFE HAVEN.

I understand that nothing in this employment application, in SAFE HAVEN policy statements or personnel guidelines, or in my communications with any SAFE HAVEN personnel is intended to create an employment contract between SAFE HAVEN and me. I also understand that SAFE HAVEN has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise of guarantee is binding upon SAFE HAVEN unless it is made in writing and signed by the Executive Director or Board of Directors. I understand that if any employment relationship is established, I have the right to terminate my employment any time for any reason. I also understand that SAFE HAVEN retains the right to terminate my employment for any reason.

I hereby acknowledge that I have read and understand the preceding statements.

I also acknowledge that SAFE HAVEN shall conduct a criminal background check prior to offering employment.

Signed _____ Date _____

Full Name _____

Date of Birth _____