



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

\_\_\_\_\_

\_\_\_\_\_

*\*\*ONLY NEEDED IF YOU WILL BE TRANSPORTING CLIENTS IN YOUR VEHICLE\*\**

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 report from references. If my volunteer time will require contact with clients, a criminal background check will also be required. 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 \_\_\_\_\_

COMPLETE THIS SECTION ONLY IF REQUESTED BY SAFE HAVEN.

Complete background checks are required on all volunteers who will have contact with clients.

PLEASE READ BEFORE SIGNING: 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 to volunteer at SAFE HAVEN is contingent upon receipt of a satisfactory report concerning my criminal background check and reference check. I further understand that any false or misleading statements will be sufficient cause for rejection of my application or dismissal if SAFE HAVEN has scheduled volunteer time for me.

I will comply with all rules, regulations and policies set forth or other communications distributed by SAFE HAVEN.

I understand that SAFE HAVEN has the right to modify its policies without giving me any notice of the changes. I understand that if any volunteer relationship is established, I have the right to terminate at any time for any reason. I also understand that SAFE HAVEN retains the right to end my volunteer time for any reason.

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

I acknowledge that SAFE HAVEN shall conduct a criminal background check prior to scheduling volunteer hours.

PLEASE PRINT CLEARLY

This information will be used to conduct a Care Givers background check through the Department of Justice Crime Information Bureau and the State of Wisconsin Department of Health Services.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Other Names used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Race \_\_\_\_\_