

## **Volunteer Application**

380 Lakeland Rd. / P.O. Box 665 Shawano, WI. 54166 715-526-3421

Name:	Date:/
Primary Phone:	Secondary Phone:
Address:	City:
Zip Code: Email	:
Occupation:	Employer:
Educational Background, years of so	chooling / certificates / professional degrees:
List sources, work or volunteer ever	erience that would be relevant to volunteering at SH:
List courses, work or volunteer expe	rience that would be relevant to volunteering at SH.
Why are you interested in becoming	a volunteer for Safe Haven?
Hobbies and Interests:	
Trobbes and merests.	
Please explain any experience you r	nay have working with people in crisis situations:
rease explain any experience you is	nave working with people in crisis situations.
Have you ever been convicted of a f	Felony or misdemeanor? If yes, explain:
~ Only requir	ed if you will be transporting clients in your vehicle ~
Do you have a valid driver's license	and automobile liability insurance?NoYes
In yes, license number:	Ins. co. name:
A certificate of coverage may be req	

## Please list 3 References: Name: \_\_\_\_\_\_\_Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_ Name: Relationship: Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_ Name: \_\_\_\_\_\_ Relationship: Home Phone: Daytime Phone: Complete background checks are required on all volunteers who will have contact with clients. I acknowledge that SAFE HAVEN shall conduct 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, the Dru Sjodin National Sex Offender Registry, the Wisconsin Sex Offender Registry and Registries from any other state(s) where I have lived, worked, or attended school in the previous five years. Signed: Date: / / Name\_\_\_\_ Middle First Last Other Names used\_\_\_\_\_ Have you resided, worked, or attended school outside of Wisconsin in the past five (5) years? If yes, list all States below: Social Security Number\_\_\_\_-Date of Birth: \_\_\_\_/\_\_\_ Parental/Guardian Consent for Minor Criminal Background Check \*No minor will undergo a criminal background check without this signed consent. Signature of Parent or Legal Guardian: Name/Relationship to Minor:

Date: \_\_\_\_\_

## **Volunteer Interest Survey**

There are many ways you can contribute as a volunteer at Safe Haven. The information that you provide on this page will help us find the most satisfying and appropriate opportunities available. On behalf of Safe Haven and the community we serve, we thank you for your willingness to help!

Name: Primary Phone:\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_ Best time to contact: \_\_\_\_\_ Address: Preferred form of contact: Email Address: \_\_ Tuesday \_\_Monday Wednesday Friday Saturday Availability Sunday Thursday Time frame AM / PM Please read through the descriptions before you mark your area of volunteer interest. ADVERTISING & AWARENESS **FUNDRAISING OFFICE HELP** \_\_ Dist. Posters - resource materials \_\_ Help with ALL Fundraisers \_\_ Work Front Desk: \_\_ Help with All April Activities or check all that apply: Answer doors, phone and \_\_ April Yoga or check all that apply: Crisis Helpline \_\_ Ribbon awareness promotions \_\_ June Golf Outing \_\_ Hang posters/banners \_\_ Help with large mailings \_\_ October Ball of the Badges Resource tables \_\_ Help with All August Activities \_\_ Distribute fliers for events or check all the apply: specific area(s)\_\_\_\_\_ **BUILDING/SHELTER** Ribbon awareness promotions **MAINTENANCE** \_\_ Hang posters/banners \_\_ Help solicit for fundraisers \_\_Year round yard work \_\_ Ink cartridge collection Resource tables \_\_ Spring and Summer \_\_ Cell phone collection \_\_ Family fun night socials \_\_ Gardening/mowing \_\_ Help with All October Activities \_\_ General maintenance \_\_ Develop new fundraiser ideas \_\_ Fall and Winter or check all that apply \_\_ Ribbon awareness promotions \_\_ Raking Hang posters/banners \_\_ Snow removal **HOLIDAYS** \_\_ Parade: \_\_make float \_\_walk Cook & Bake for All \_\_ Painting \_\_ General Cleaning \_\_ Help with Open House / Vigil or check all that apply \_\_ Seasonal cleaning \_\_ Open House (October) \_\_ Thanksgiving (November) **CLIENT SERVICES** \_\_ Office Cleaning Guest speaker \_\_\_\_Christmas party (December) \_\_ Movers Specialty\_\_\_\_ Specialty Teach craft at Art workshop Child care **STORAGE RM. food & donations NOTES/IDEAS** Transportation Sort donations, dust and clean \_\_ Preparation for rummage sale Help w/Thursday suppers \_\_ Work picnic/dinners/socials \_\_ Take unneeded items Goodwill \_\_ Work at Christmas party or other facilities/organizations \_\_ Sign Language that may be in need \_\_ Language interrupter Language:\_\_\_\_\_

Language:

<sup>\*</sup>P lease have staff make a copy of completed form for you to keep in your folder