

Volunteer Application Please clearly print all information

Date:				
Name:				
Address:				
City:		State:	Zip Code:	
Phone (day)		(evening)	(cellular)	
(33)		(6.68/	(00.10.1)	
Email Address:			Birthday (Month/Day)	
•	tly employed? Yes yer/ address:	s or No (circle one)		
Position:		Length of employ	ment:	
Previous emplo	oyer/address:		·	
Position:		Length of employ	ment:	
Education (circ	le one)			
High School	•	College 4YR	Graduate Degree	Other
Previous or pre	esent volunteer ex	perience (Agency/Years)	
Foreign Langua	age (s) spoken: Yes	or No (if yes please list))	
Would you be	available for transl	lating in an emergency:		Yes or NO
bilingual skills,	professional expe	·	o The Safe Center and its progra bies, etc. For computer literacy :.)	
Please indicate	how many hours	a week you can volunte	er:	
How long a cor	nmitment can you	make as a volunteer: _		
Preferred days	and hours:			



What type of volunteer work are you most interest in? (You may check more than one) Child Victim Advocate ____ Project Kidz Talk© ____ Hospital Advocacy/SAFER (Seasonal Position) (Degree Required) Court Advocacy Special Events Child Waiting Room CAPS (Child Abuse Prevention Services) ____Community Education/health and information fairs Office Work (Experience Required) (Intermittent Position) We feel that volunteers are a very important part of the work at The Safe Center. Please answer the following questions as fully as possible to help us shape a volunteer program which will be a satisfying experience for you. Please share your primary motivation(s) for volunteering at The Safe Center. ____ Social experience/meet new people Develop new skills School requirements Contribute to a cause which I feel especially committed Explore a different area of work ____ Other_____ How did you learn about volunteer opportunities at The Safe Center? Please comment about what you most hope to get out of your volunteer experience at The Safe Center: The Safe Center's policies require screening of volunteers and employees. All information provided by you is confidential and will be used solely for the purpose of assisting in assigning you for volunteer responsibilities. A positive reply to any question does not automatically exclude you from the position. Have you ever been convicted of a crime? Yes No If yes please explain and give dates. Have you ever been the subject of a report of abuse or neglect? Yes No If yes please explain and give dates. Do you have any founded cases of abuse or neglect against you in Family Court or by CPS? Yes No If yes please explain and give dates.



	Yes
	103
ments:	
you, a family member, a loved one or a friend ever been involved with Nassau County Coalition ast Domestic Violence (NCCADV), the Coalition Against Child Abuse & Neglect (CCAN) or Safe Center in any way?	Yes
u answered yes to this question please explain:	
be in touch with your references. Along with their name places include a reach phone numb	
be in touch with your references. Along with their name please include, a reach phone number address, your relationship with them and length of time known. 1	
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