

Safe Haven Volunteer Application

Thank you for your interest in volunteering at Safe Haven. Please complete and mail this to Safe Haven of Greater Waterbury. (Attn: Volunteer Program) P.O. Box 1503, Waterbury CT 06721. We will contact you to set up an interview.

Date of Application: _____

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone _____

Is it okay to call you at either number? Yes ___ No ___

Is it ok to leave a message at either number? Yes ___ No ___

Employer: _____ Town: _____

1. Please list two references:

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

2. Please list volunteer experience:

3. Please list any current certifications:

4. Please list any professional and/or community affiliations:

5. Do you speak a foreign language?

Language and level of fluency: _____

Can you sign? _____ Level of Proficiency: _____

6. What are your reasons for wanting to volunteer at Safe Haven?

7. Please note any special experiences (personal, job-related, academic) which have provided to you special insight or skills pertaining to abuse.

8. Working at Safe Haven involves contact with a highly diverse client group. These diversities include race, ethnicity, religion, sexual orientation, disability and class. Our clients also represent a variety of values on issues such as abortion, birth control, etc. Do you expect that working amidst such diversity would be difficult or uncomfortable for you? Please elaborate.

9. although all of our services are discussed during training, some roles may require additional training (marked by an *) Please indicate in order of preference with 1 being the role of most interest to you and 10 being the least how you would like to volunteer:

- | | |
|---|---|
| <input type="checkbox"/> Individual counseling (age preference ___) | <input type="checkbox"/> Office coverage during the day |
| <input type="checkbox"/> Co-Facilitate a support group* | <input type="checkbox"/> Clerical help* |
| <input type="checkbox"/> Community education* | <input type="checkbox"/> Volunteer/health fairs |
| <input type="checkbox"/> On-call shift (hotline) | <input type="checkbox"/> Shelter* |
| <input type="checkbox"/> Activities with children | |

10. Are there any medical concerns you feel may affect your ability to participate in certain volunteer activities?

11. Will you be able to contribute two shifts per month of on-call coverage (weekends/weekdays)? Yes___ No___

12. Have you ever been convicted of a crime? Yes ___ No___

13. Would you object to a State Police check? Yes___ No___

14. May we publish your name in local newspapers for volunteering with Safe Haven? Yes___ No___

15. Use the space below to add any information that will be helpful to us in considering your application and in making a compatible match of your strengths and our needs?

