



VOLUNTEER APPLICATION

Thank you for your interest in volunteering! After receiving your application, we will contact you to discuss your interests further.

Date: _____

Name: _____ Birthdate (year optional): _____

Address: _____

Phone: (H) _____ (W) _____

Cell phone: _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Indicate the highest level of education you have completed. Please list colleges and universities you have attended and any degrees or vocational training you have received.

Briefly describe where you have worked, for how long, and your position/ responsibilities. Please include both paid and volunteer positions. Attach additional sheet if more space is needed.

Organization/ Company Name	Position and Responsibilities	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about volunteer opportunities at The Women's Safe House?

Indicate skills, strengths, or interests that may be helpful in your volunteer work: (please check)

- | | |
|--|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Tutoring/ Teaching |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Music |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Art |
| <input type="checkbox"/> Able to lift over 25 pounds | <input type="checkbox"/> Fluent in a foreign language: _____ |

List any other training or skills that may be helpful in your volunteer work:

Why are you interested in volunteering at The Women's Safe House?

What expectations might you have of The Women's Safe House?

Do you foresee any personal problems or challenges in working with abused women and children?

What volunteer services would you be interested in providing? (please check)

- Answer telephone crisis & business lines* (day, evening, some weekends)
- Provide children's services* (afternoon, evening)
- Assist with pick-up of donations (day, evening, some weekends)
- Building and/or ground maintenance projects (cleaning, painting, repairs, yard work, etc.)
- Clerical projects (filing, data entry, etc.)
- Sorting and organizing donated clothing, food, and supplies
- Assist children with educational tutoring* (afternoon, some evenings)
**Training program required*

Approximately how many hours are you available to volunteer: Per week? ____ Per month? ____

What days and approximate times will you be available to volunteer? (please write in available times)

Monday	_____	Saturday	_____
Tuesday	_____	Sunday	_____
Wednesday	_____		
Thursday	_____		
Friday	_____		

When are you available to begin volunteering? _____

For how long are you willing to commit? _____

Please list two references (preferably an employer or academic reference; if a personal reference, please list someone who has known you for three years and is not a relative):

Name:	_____	Name:	_____
Relationship:	_____	Relationship:	_____
Phone:	_____	Phone:	_____

If you have any questions or concerns, please contact the Volunteer Coordinator at 314-772-4535.

Please return completed Volunteer Application with Child Abuse or Neglect screening form to:

Volunteer Coordinator
The Women's Safe House
P.O. Box 63010
St. Louis, MO 63163