

Individual Volunteer Application

This form is to be completed by individuals seeking to volunteer at A Safe Place, either indirectly or directly. Completed forms can be returned to the Volunteer Specialist.

NOTE: Completion of the Illinois Certified Domestic Violence 40-hour Training is required for any volunteer position that works directly with clients or client records at A Safe Place.

Name:		
(First)	(Middle)	(Last)
Address:		
Phone:		
Home	Work	Cell
Email:	Date of Birth:	
Emergency Contact:		
Name	Relation	Phone Number
High School attending/attended:		
Location:	Date Graduated:	
College attending/attended:		
Location:	Date Graduated: _	
Degree(s) Obtained:		
Licensure (s) Obtained:		
Have you ever applied to A Safe	Place as a volunteer?	
. lave you evel applied to / . Gale	Date of last application	
 Have you completed Illinoi required for all volunteering Yes 		ce 40 Hour Training? (not

□No	
3. How did you hear about A Safe Place?	
5. Current occupation:	
6. Employer:	
7. Personal or professional skills:	
8. ASP volunteering interests (check all the	hat apply):
Direct services (requires 40 hour training)	Indirect services (does not require 40 hour training)
Oversee children or children's programsGroup facilitation	s Financial/accounting Grant or other research
Legal advocacy	Events
Emergency shelter assistance	Clerical/Reception
Answering crisis hotline	Outreach design (flyers, brochures)
Counseling Mentoring	Organizing donations Cleaning
Other	Other
9. General Interests (check all that apply,	does not require 40 hr. training):
Reading	Public speaking
Working outdoors	Writing
Arts and culture Teaching	Sports Heavy lifting

Volunteer preferences:							
10. Is there a particular age group you are most interested in working with?							
Infants	InfantsToddlers 2-4Young Children 5-8Children 8-11						
Teens	s (12-17)	Adults					
11. Are the	ere groups	with which y	ou would <i>not</i>	be intereste	d in workir	ng?	
No	Yes					_	
12. Program Interest (Check all that apply): **Note that some jobs in this program will require 40 hour training							
Emerge	Emergency Shelter**Crisis Response**						
IPDAV*	Children's Program**						
Family	Family Visitation Center (closed on Tuesday)**Zion Campus (Clerical and Donations)						ations)
Crisis L	Crisis Line **Group Facilitation**						
Legal A	Legal Advocacy (Hours are 8am- 5pm)**Education and Prevention						
Life Skills**Donation pick up/drop off- transport				oort			
13. Do you have any physical or mental limitations they may limit your ability to perform certain types of work? If yes, explain:							
Availability: 14. When are you interested in volunteering?							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Times							
Notes:							
15. Do you	ı have acce	ess to trans	portation?				
Yes	-	No					
16. Have y	ou ever be	en convicte	ed of a crime?	Please list o	onviction(s	s) and date((s).
conviction may from employme licensed child c of the application employment or conviction information	be considered. A ent or volunteering are facility. Convon process, enumal volunteer position mation to us. Sho	applicants whose g if convicted of a ictions of other of nerate all conviction or immediately buld the backgrou	ant's arrest record in position requires con an offense that would, ffenses will be considons; certify that falsific terminate the employand check disclose coall be treated as confi	tact with clients on under the law, ba ered on a case by cation of the informate ree or volunteer; a nviction for a crim	r their children a ar the applicant of case basis. Ev mation is ground and authorize the e, the applicant	are automatically from employment ery applicant sha to deny or without release of crimi will be given a co	barred t by a II, as part draw an nal opy of the
 ☐ I ha	ve request	ed 3 Persor	nal Reference	Forms from	non- famil	y members	
	•		s Department submitted with		•	ervices	
When wou	ıld you be a	available for	an interview?	(Please pro	ovide days	and times)	
	-		GN BELOW zing A Safe Pla	ace to run a	criminal ba	ackground d	check.
	Sian	ature			D	ate	

Please send completed application to mdittmer@asafeplaceforhelp.org