

Name _____ Birth Date ____/____/____

Address _____ Phone #(____) _____

_____ E-Mail _____

Emergency Contact: _____ Phone # (____) _____

Volunteer/Community Work _____

(please note past or current) _____

Special Skills/Training _____

Hobbies/Interests _____

Foreign Language Proficiencies Language Proficiency (1 low - 5 fluent)

Professional Licenses (yes/no) _____ Which Field _____

Licensed Driver (yes/no) _____ Car Available (yes/no) _____

Employment (past 5 years) _____

Employment (current) _____

How did you hear about SiH _____

How did you hear of the Volunteer Program _____

Education

High School / GED (yes/no) _____

College/Technical School (yes/no) _____

Name of College/Technical School Field of Study Degree Completed

Current Course being taken:

Motivation for wanting to volunteer (please include if you are a survivor of abuse)

Personal experiences with women/men/children/families in Transition or Crisis

People you know at SAFE in Hunterdon: Employees _____

Volunteers _____ Board Members _____

Days and Hours you prefer to volunteer (if known) _____

Are you available on an emergency/on-call basis? (yes/no) _____

Family /Home Responsibilities (ie. Children, elderly, etc.)

References: Name 1. _____ Address _____

Phone # (____) _____

Name 2. _____

Phone #(____) _____

Can you commit to the 40 hr. training program during the next 6 months (yes/no) _____

Can you commit to volunteer 4-8 hours monthly over the next year (yes/no) _____

Completed applications can be sent to: SAFE in Hunterdon, Inc.

47 E. Main Street, Flemington, NJ 08822 Attention: Volunteer Program

