

**YOU CAN MAKE A DIFFERENCE  
BECOME A VOLUNTEER**



Return completed application to Safe Passage Volunteer Coordinator

Mail: PO Box 235, Batesville, IN 47006  
 Email: Support@SafePassageInc.org  
 Call: (812)933-1990 for more information

<b>PLEASE CHECK APPROPRIATE VOLUNTEER CATEGORY</b>			
<input type="checkbox"/> Individual Volunteer Opportunities	<input type="checkbox"/> Group Volunteer Opportunities		
<input type="checkbox"/> Internship:	Type of Supervision required _____	#of hours _____	Date of completion _____
	_____	_____	
<input type="checkbox"/> Service Learning:	Type of Supervision required _____	# of hours _____	Date of completion _____
	_____	_____	

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency contact in case of accident or illness

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

School (if currently enrolled): \_\_\_\_\_ Highest Education level completed: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Job Skills: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Current and previous volunteer activities: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Please list any additional languages you speak with proficiency: \_\_\_\_\_

How did you learn about Safe Passage? \_\_\_\_\_

Why do you want to volunteer at Safe Passage? \_\_\_\_\_

Have you ever used Safe Passage's services?  Yes  No

If yes, what type and when: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? *(answering yes does not necessarily disqualify applicant)*  Yes  No

If yes, for what and when: \_\_\_\_\_

Have you ever been convicted of a sex crime or as a violent offender? *(A positive response prohibits you from volunteering at Safe Passage)*  Yes  No

Have you ever had a protection order taken out against you?  Yes  No

**REFERENCES** *Please give two references. It is important that you give the complete address including zip code. References should include people who have known you three years or longer and may be personal or professional. Please do not list family members.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

VOLUNTEER INTERESTS: Please check the box(es) next to your area of interest.

<input type="checkbox"/> Administrative Support <input type="checkbox"/> Cleaning / Organizing <input type="checkbox"/> *Tutoring <input type="checkbox"/> *Childcare/Growth and Assets Center <input type="checkbox"/> Holiday Activities / Events <input type="checkbox"/> Community Outreach Support (school programs) <input type="checkbox"/> Grocery Shopping Group (purchase & deliver) <input type="checkbox"/> *Foreign / Sign Language: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Furniture Moving <input type="checkbox"/> Pet Care <input type="checkbox"/> Donation pick-up / Delivery <input type="checkbox"/> Fundraising / Special Events <input type="checkbox"/> Bulk Mailing / Clerical <input type="checkbox"/> Baking / Meals for shelter <input type="checkbox"/> IT Support <input type="checkbox"/> Professional Services (Legal, Business)
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\*Direct service volunteer positions require extensive training, fingerprinting and background checks

**Availability**

<input type="checkbox"/> Daytime	<input type="checkbox"/> Weekends only	# of Hours Available: _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month
Su M T W Th F Sa	Sat. Sun.	Date available to start:
<input type="checkbox"/> Evening		_____
Su M T W Th F Sa		

PLEASE READ CAREFULLY, INITIAL AND SIGN THE FOLLOWING AGREEMENT

\_\_\_\_\_ I have read and understand the Volunteer Code of Ethics and the Substance Abuse Policy for Safe Passage. I agree to comply with these standards.

\_\_\_\_\_ If at any time I am driving a vehicle while performing as a Volunteer for Safe Passage and should have an accident, causing personal injury to me and/or any other parties and/or property damage, I will not hold Safe Passage liable. I understand Safe Passage may offer reimbursement for mileage or other fees associated with volunteer duties.

\_\_\_\_\_ I authorize Safe Passage to release information concerning my volunteer activities with its program, including dates of volunteer involvement, area of participation, trainings attended and average hours. I also release Safe Passage from any liability connected with the use of photos or media coverage as it relates to volunteer activities

\_\_\_\_\_ I hereby pledge that I shall safeguard and trust as confidential, any and all information (whether acquired through verbal communication, written record or observation) regarding any client, relative or friend of a client, staff member or volunteer of Safe Passage

\_\_\_\_\_ I verify that all of the information on this application is true. I understand that if any of it is found to be incorrect, this may be grounds for termination as a volunteer

\_\_\_\_\_  
Volunteer applicant signature Date

\_\_\_\_\_  
Signature of Legal Guardian is needed here if Volunteer Applicant is a minor Date

*Safe Passage does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, gender identity, familial status or disability in employment, volunteer staffing or in the provision of services.*