

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

Calls: (812) 933-1990 for more information.

PLEASE CHECK APPROPRIATE VOLUNTEER CATEGORY

Individual Volunteer Opportunities

Group Volunteer Opportunities

Internship

Type of Supervision Required

of Hours

Date of Completion

Service Learning

Type of Supervision Required

of Hours

Date of Completion

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

School (If Currently Enrolled): _____

Highest Education Level Completed: _____

Current Employer: _____ Hours/Week: _____

Employer Address: _____ City/State/Zip: _____

Job Skills: _____

Prior Work Experience: _____

Current/Previous Volunteer Experience: _____

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

Please list any additional languages you speak: _____

How did you learn about Safe Passage? _____

Have you ever utilized Safe Passage services? Yes No

If so, what type and when? _____

Why do you want to volunteer at Safe Passage? _____

Have you ever been convicted of a felony or misdemeanor? (answering yes does not necessarily disqualify applicant)

Yes No If yes, what type & when? _____

Have you ever been convicted of a sex crime or as a violent offender? Yes No

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

Please list two references. It is important that you include complete addresses 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.

Name: _____ Relationship: _____ Phone: _____

Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City/State/Zip: _____

Volunteer Interests (Please check boxes next to your area of interest.)

| | |
|---|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Furniture Moving |
| <input type="checkbox"/> Cleaning/Organizing | <input type="checkbox"/> Donation Pick-Up/Delivery |
| <input type="checkbox"/> Tutoring* | <input type="checkbox"/> Fundraising/Special Events |
| <input type="checkbox"/> Childcare/Growing Assets Center* | <input type="checkbox"/> Bulk Mailing/Clerical |
| <input type="checkbox"/> Holiday Activities/Events | <input type="checkbox"/> Baking/Meals for Shelter |
| <input type="checkbox"/> Community Outreach Support (School Programs) | <input type="checkbox"/> IT Support |
| <input type="checkbox"/> Grocery Shopping Group (Purchase & Deliver) | <input type="checkbox"/> Professional Services (Legal/Business) |
| <input type="checkbox"/> Foreign/Sign Language* | <input type="checkbox"/> Faith-Based Services |
| | <input type="checkbox"/> Other: _____ |

*Denotes direct client services. Requires extensive training, fingerprinting and background checks.

Availability

Daytime Evening Weekends Only
Su M T W Th F Sa Su M T W Th F Sa Saturday Sunday

of Hours Available: _____ per week per month

Date Available to Start: _____

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 of 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 Application Signature

Date

Signature of Legal Guardian if 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.

Please email completed application to Abby at aherbert@safepassageinc.org.