

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



Return completed application to Donna Huffmaster

Mail: PO Box 235, Batesville, IN 47006

Email: dhuffmaster@safepassageinc.org

Call: (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: _____

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.

Direct Service Volunteer Opportunities <i>(in-depth training required)</i>	In-Direct Service Volunteer Opportunities <i>(minimal training required)</i>
<input type="checkbox"/> Shelter Office / Administrative Support <input type="checkbox"/> 2 nd Floor Cleaning / Organizing <input type="checkbox"/> Client Transportation <input type="checkbox"/> Tutoring <input type="checkbox"/> Childcare <input type="checkbox"/> Holiday Activities / Events <input type="checkbox"/> Community Outreach Support (school programs) <input type="checkbox"/> Foreign / Sign Language: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 st Floor Cleaning / Organizing <input type="checkbox"/> Donation pick-up / Delivery <input type="checkbox"/> Furniture Moving <input type="checkbox"/> Pet Care <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)

Availability

Daytime

Su M T W Th F Sa

Evening

Su M T W Th F Sa

Weekends only

Sat. Sun.

of Hours Available: _____ per Week 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 or volunteer of Safe Passage

_____ I have received, read, and understand the enclosed job description for the position of Volunteer with 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.