



Volunteer Application

Date _____

Name _____
Last First Middle Maiden

Address _____

Home Phone _____

Cell Phone _____

Email _____

Date of Birth _____

Check One: Employed _____ Unemployed _____ Self-Employed _____ Retired _____

If you have attended college, what was your major area of study? _____

Special Skills or Training _____

Are you bi-lingual? Y N Languages _____ Oral _____ Written _____

Special Interests or Hobbies _____

How did you hear about the Center for Survivors?

Television _____ Newspaper _____ Radio _____ Past Client _____ Newsletter _____ Other _____

Have you ever been convicted of a misdemeanor? Y N Felony? Y N

Please explain: _____

Are you willing to use your personal vehicle for volunteer work at the Center? Y N

Volunteer Experience:

Organization	Length of Service	Duties/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:

Organization	Position	Began/Ended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can we contact you at work? If yes, phone number: _____

Why do you want to volunteer at the Center for Survivors?

What personal attributes do you possess that will allow you to be effective in assisting people in crisis? _____

What skills and strengths would you like to develop as an outcome of your volunteer experience at the Center? _____

Can you make a commitment to attend the training sessions at the Center? Y N

Have you or your immediate family member ever received services at DV/SA agency?
Y N

Areas of Interest:

Which volunteer opportunities interest you the most? *Check all that apply:*

- Adult Group Support Helper
- Children's Group Support Helper
- Childcare at the Center
- Bilingual Services
- Office Reception
- General Office Tasks
- Outreach Activities
- Fundraising
- Grocery Shopper
- Organize and/or Haul Donations
- Meals for Shelter Clients
- Handyperson
- Lawn Care
- Transport Clients
- Companion Animal Foster Home

Emergency Contact:

Person to notify in case of emergency:

First and Last Name	Phone	Relationship to you
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I certify that the information set forth on this application is true and correct. I understand that misrepresentation or omission of facts called for is cause for dismissal from the volunteer program. I authorize the investigation of all statements contained in this application.

<i>Signature</i>	<i>Date</i>
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The information obtained in this application is for Center for Survivors use only.

Mail completed application to:

Volunteer Coordinator
Center for Survivors
PO Box 42
Columbus, NE 68602-0042

Office Phone: 402-564-2155 or 1-800-658-4482
Physical Address: 3103 13th Street, Columbus, NE 68601

Reviewed 12/2020