



**APPLICATION FOR VOLUNTEER SERVICE**

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_ Pager \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

**II. SKILLS AND INTERESTS**

Education \_\_\_\_\_

\_\_\_\_\_

Hobbies, Interests, Skills \_\_\_\_\_

Work Experience \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

**What kind of volunteer work interests you?**

*(Please check all that apply.)*

- Working with victims of violence
- Being a presenter in training programs
- Facilitating a support group for victims
- Making follow-up phone calls to check on clients
- Performing clerical and/or administrative duties in the office
- Other Please Specify: \_\_\_\_\_
- Fundraising
- Public speaking

**Do you prefer working with a specific group of persons?**

- Adults     Senior adults     Teens     Children     Persons with disabilities
- Males     Females     Other Please specify: \_\_\_\_\_
- No preference

**III. AVAILAILITY**

**At what times are you interested in volunteering?**

- My hours are flexible     I prefer to work these hours: \_\_\_\_\_
- I prefer weekdays. Specify days: \_\_\_\_\_
- I prefer weekends. Specify days: \_\_\_\_\_
- There are times that I cannot do volunteer work. Please specify: \_\_\_\_\_  
\_\_\_\_\_

**IV. REFERENCES**

**Please provide three personal references:**

**1. Name** \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**IV. REFERENCES** *(Continued)*

2. **Name** \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone Number(s): \_\_\_\_\_

3. **Name** \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone Number(s): \_\_\_\_\_

**V. PERMISSION TO PERFORM BACKGROUND SCREENING**

All direct service volunteers are required to undergo a background screening that includes a criminal history and a check of the National Sex Offender Registry. This kind of background screening is typically the only information Safe Places will seek when engaging your volunteer service. Other types of screening, as indicated in the next paragraph, are done only under special circumstances.

I hereby allow Safe Places / The Center for Healing and Hope to perform a check of my background including: criminal record, driving record, past employment/volunteer history, educational, professional status, personal references, physician or therapist assessments, and references from other persons or sources as appropriate for the volunteer jobs in which I have interest. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration from some types of volunteer work.

I understand that information collected through this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information will be kept confidential. I also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and other information, as they deem appropriate.

The following **Background Check Application Form** must be completed and signed in two places before the criminal history screening can be completed. Volunteers who wish to defray the cost of their screening may contribute \$10. No person is discouraged from volunteering if they do not wish to provide this \$10 contribution

***Please return this form to:***

Safe Places  
1609 Broadway  
Little Rock, AR 72206

***For more information on volunteer service, call 501-374-7233.***

