SAFE in Lenoir County, Inc.
VOLUNTEER APPLICATION

Dear Prospective Volunteers,

Thank you for considering SAFE as a place to donate your time and talents. Volunteers are vital to SAFE. Without them, we wouldn’t be able to meet the needs of the Clients we serve. At SAFE, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That’s why we’re asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your education, employment, and availability. We reserve the right to conduct background and reference checks on all volunteers. You will also be asked to sign a Confidentiality Agreement form. It’s just one of the many ways we help protect our clients served by SAFE.

Thank you for your cooperation in this effort and your interest in SAFE. If you have any questions about this or any part of our application process, please contact me at 252-523-5573.

Thank you in advance for your time,

Carolyn Fields

Carolyn Fields
Director of Victim Services
SAFE VOLUNTEER APPLICATION

Please print:

First Name ................................ Last Name .................................................................
Address ........................................... City/State/Zip. ...........................................................
Telephone ........................................... Date of Birth ......................................................

Physical Limitations: No   Yes (Please Explain): ........................................................................

Education (highest level completed)
Grades 1-5   6-9   11-12   College   Business   Graduate School   Technical/Vocational

Former work/occupation ................................ most recent employer (optional) ............................

List previous volunteer experience ..............................................................................................

Skills (List your skills and indicate proficiency level)
Skilled   Can Teach Amateur

1. ..................................................................................................................................................

2. ..................................................................................................................................................

3. ..................................................................................................................................................

Volunteer availability: (Circle all applicable)

____At least once a week   ____About once a month   ____About twice
____No more than once a month   ____When there is a specific need

What days are best for you: __Monday   __Tuesday   __Wednesday   __Thursday   __Friday

____No Preference

Check on or more interested areas:

____Phone Aid   ____Court Advocacy   ____Rape/Crises   ____Child Care Provider   ____Office Aide

____Fundraising   ____Community Awareness

Please explain briefly why you are interested in working with SAFE?

List three personal or work references:

______________________________________________________________________________________

______________________________________________________________________________________

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

______________________________________________________________________________________

(Signature/Volunteer)   (Signature/Staff) (Date)