



## Volunteer Application

First Name:	Last Name:
Date:	
<p>In which position would you like to volunteer with the agency?  <i>Please refer to the volunteer positions and descriptions and select all that apply.</i></p> <p>Office Volunteer (folding brochures, organizing storage space, sorting incoming donations, etc.) _____</p> <p>Children’s Group Volunteer (providing structured activities to children once per week) _____</p> <p>Outreach Volunteer (assist in distributing S.A.F.E Center flyers to businesses) _____</p> <p>Shelter Volunteer (refreshing rooms for clients, gardening, etc.) _____</p> <p>Moving Volunteer (moving furniture to shelter and clients to safe locations, hauling excess donations) _____</p> <p>Other interests _____</p>	
Address:	
Phone:	Email:
<p>What pronouns do you use?</p> <p><input type="checkbox"/> She/Her/Hers</p> <p><input type="checkbox"/> He/Him/His</p> <p><input type="checkbox"/> They/Them/Theirs</p> <p><input type="checkbox"/> Ze(zee)/Zir(zere)/Zirs/Hirs</p>	
Date of Birth:	
Are you fluent in another language besides English?	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
If yes, please list _____	
What is your current employment status? _____	
Employer:	
Phone:	Length of employment:
Responsibilities:	

Are you currently attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of school:		
Course of study:		

If you have volunteered before, please give details about where you volunteered and for how long, and describe your volunteer role.

Please tell us why you would like to volunteer for our organization.

Please tell us what you hope to gain from your experience with us.

Please tell us about any educational background, work, or volunteer experience and/or any hobbies, skills, special interests, or qualities that would be relevant to the volunteer position for which you are applying.

When are you available to volunteer? (Please specify days, times, and number of volunteer hours needed, if applicable)

References: Please supply us with the names of at least two references (nonrelatives).	
Name:	Name:
Email:	Email:
Telephone:	Telephone:
Relationship:	Relationship:
Name:	Name:
Email:	Email:
Telephone:	Telephone:
Relationship:	Relationship:
Any other comments:	

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN APPLICATION TO THE S.A.F.E. CENTER OFFICE AT 620 E 25TH ST, SUITE #14, KEARNEY, NE, OR  
EMAIL TO STAFF@SAFECENTER.ORG.**