

## Volunteer Application

*Note: A 24 hour volunteer training course is required of anyone desiring an internship/volunteer position providing direct services to clients.*

Purpose of Application (please check one):

- To Volunteer                       To Intern                       To enroll in training only  
 Crisis Line  
 Office Volunteer  
 Fantastic Finds (Thrift Store)  
 Board of Directors  
 Other (please specify \_\_\_\_\_)

\_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Maiden (if applicable)

\_\_\_\_\_  
 Mailing Address                      City                      State                      Zip

\_\_\_\_\_  
 Home Phone                      Work Phone                      Cell/Mobile

If you are volunteering for the crisis line, please list all applicable numbers and indicate which method is the most reliable in which to contact you:

If you are currently in school, please complete the following:

\_\_\_\_\_  
 School                      Year                      Major/Degree                      Anticipated Graduation Date

Please list your work, volunteer, and/or personal interest skills: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation?     Yes                       No

***It is a policy of SAFE of Harnett County not to consider an applicant's criminal history in employment and volunteer decisions, but a job-related conviction may be considered. Every applicant shall, as a part of the application process, enumerate all convictions; certify that falsification of the information is grounds to deny or withdraw an employment or volunteer position or immediately terminate the employee or volunteer; and authorize the release of criminal conviction information to us. Should the background check disclose conviction of a crime, the applicant will be given a copy of the information. All background check information shall be treated as confidential and maintained in the volunteer's file.***

Why are you interested in volunteering/interning with SAFE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn of SAFE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received services from SAFE?  Yes  No

Are you currently in an abusive relationship?  Yes  No

Please list the names and contact information of three people who have worked or volunteered with you. You may include instructors. Please do not use any family members.

Name	Contact Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Interns Only

What are the hourly requirements of the internship?

What are the beginning and end dates of the internship? (How many weeks total?)

What are the school requirements of the internship? (i.e., supervision, etc.)

What skills are you expected to gain from this internship?

Please sign this application. Your signature authorizes SAFE to request a criminal background check.

\_\_\_\_\_  
Signature Printed Name Date

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

sexual assault & family emergency  
shelter and advocacy organization