



SOMEPLACE SAFE, INC.
VOLUNTEER APPLICATION

DATE _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

E-MAIL ADDRESS _____

HOURS OF EMPLOYMENT _____

PLACE OF EMPLOYMENT _____

EDUCATION AND TRAINING _____

PERSONAL

Due to the nature of the clients that Someplace Safe Inc. serves, the following questions need to be answered honestly and carefully. Answering, "Yes" to these questions will not necessarily disqualify you from volunteer service. Your cooperation is greatly appreciated.

HOW DID YOU LEARN ABOUT SOMEPLACE SAFE, INC.? _____

DO YOU KNOW A CLIENT OR STAFF MEMBER OF SOMEPLACE, INC.? _____

IF YES, INDICATE WHO? _____

IF APPLICABLE, DOES YOUR FAMILY SUPPORT YOU VOLUNTEERING? _____

ARE YOU OR HAVE YOU BEEN A PARTICIPANT IN A RECOVERY PROGRAM? _____

IF YES, FOR HOW LONG? _____

EXCEPT FOR MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OR ARRESTED FOR A CRIME? THIS INCLUDES SEX RELATED OR CHILD ABUSE

RELATED OFFENSES. _____ IF YES, PLEASE GIVE DATE (S) AND NATURE OF CONVICTION OR ARREST.

ARE YOU WILLING TO SUBMIT TO A CRIMINAL BACKGROUND CHECK? _____

HAVE YOU EVER BEEN TREATED FOR A MEDICAL OR MENTAL CONDITION MORE SEVERE THAN COLDS, FLU, and ETC. _____ IF YES, PLEASE DESCRIBE.

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HAVE YOU EVER HAD ANY EXPERIENCE IN THE FIELD OF DOMESTIC VIOLENCE OR COUNSELING? _____ IF YES, PLEASE LIST DETAILS.

LIST THREE (3) STRENGTHS YOU FEEL YOU POSSESS THAT WILL HELP YOU AS A VOLUNTEER.

- 1. _____
- 2. _____
- 3. _____

ARE YOU ABLE TO MAKE A ONE (1) YEAR COMMITMENT TO WORK AT LEAST (2) SHIFTS PER MONTH UPON COMPLETION OF TRAINING? _____

PLEASE LIST THE NAMES AND ADDRESSES (INCLUDING STREET, ZIP CODE, AND PHONE NUMBERS) OF THREE (3) PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO (2) YEARS. DO NOT INCLUDE RELATIVES. REFERENCES NOT RETURNED MAY BE VIEWED NEGATIVELY AND COULD BE REASON FOR REJECTION.

1. NAME _____ PHONE # _____

ADDRESS _____
Street City State Zip

2. NAME _____ PHONE # _____

ADDRESS _____
Street City State Zip

3. NAME _____ PHONE # _____

ADDRESS _____
Street City State Zip

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND THAT I AM 18 YEARS OR OLDER.

Signature _____

Date _____

PLEASE RETURN THIS APPLICATION TO: **VOLUNTEER COORDINATOR**

**SOMEPLACE SAFE, INC.
1540 TOD AVENUE NW
WARREN, OHIO 44485**