



Volunteer Application

Please **clearly** print all information.

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ (evening) _____ (fax) _____

E-mail Address _____ Birthday (Month/Day) _____

Are you currently employed? _____ Yes or No

Current employer/address _____

Position _____ How long there _____

Previous employer/address _____

Position _____ How long there _____

Education (circle one)

High School College Graduate Degree Other: _____

Previous or present volunteer **experience** (Agency/Years)

Foreign Language(s) spoken: _____

Would you be available for translating in an emergency: YES or NO

Have you ever been a victim of rape or sexual abuse? YES or NO

Have you ever been a victim of domestic violence? YES or NO

Has a family member ever been a client of either Nassau County Coalition Against Domestic Violence (NCCADV) or the Coalition Against Child Abuse & Neglect (CCAN)? YES or NO

Have you ever been a client of either NCCADV or CCAN? YES or NO

If you answered YES to any of those four questions, please explain. If you were a victim, please note if you had services: *(feel free to use back of this sheet)*

How did you learn about volunteer opportunities at The Safe Center LI?

Please indicate your special skills that would be helpful to The Safe Center LI and its programs. Include bilingual skills, professional expertise, creative skills, hobbies, etc. for computer literacy, please indicate the program you are most familiar with (MS, MAC, other)

Please indicate how much time you have available for volunteer work.

Preferred days and hours

How long a commitment can you make as a volunteer?

What type of volunteer job are you most interested in? (*You may check more than one*)

- < Child Victim Advocate
- < Court Advocacy
- < Community Education: *health and information fairs*
- < Child Waiting Room Program
- < Project Kidz Talk©
- < Special Events
- < Hospital Advocacy
- < Office Work

We feel that volunteers are a very important part of the work of The Safe Center LI. Therefore, we want to know what our volunteers want and need from their time with us. Please answer the following questions as fully as possible to help us shape a volunteer program which will be a satisfying experience for you.

What would you describe as being your primary motivation for volunteering with The Safe Center LI?

- < Social experience / meet new people
- < Explore a different area of work
- < Contribute to cause to which I feel especially committed
- < Other: _____
- < Develop new skills
- < School requirements

Please comment about what you most hope to get out of your volunteer experience at The Safe Center LI:

The Safe Center LI's policies require the screening of volunteers as well as employees to ensure their suitability for the important responsibility of work involving with our clients. All information provided by you is confidential and will be used solely for the purpose of assisting in assigning you for volunteer responsibilities. A positive reply to any screening question does not automatically exclude you from the position.

Have you ever been convicted of a crime? < YES < NO
If yes, please explain and include dates

Have you ever been the subject of an indicated child abuse report? < YES < NO
If yes, please explain and include dates

On the next page, list three references (one personal – not a family member and two employer / school / volunteer related) who would be familiar with your qualifications and characteristics. We will be in touch with your references. **Please list name, phone, email address, your relationship with them, and length of time known.**

1.

2.

3.

I affirm that the information given in this application is true to the best of my knowledge. I authorize investigation of all statements made in this application as may be necessary to arrive at a decision regarding my eligibility for volunteer services. I understand that this investigation may include a check of the New York State Central Register of child abuse and maltreatment and a criminal background check. I understand that it is a crime to knowingly falsify any such information on this form or in any interview and that knowingly falsifying any material information in this application may automatically disqualify me for the volunteer position.

Applicant's Signature

Date