

Volunteer Application Please clearly print all information

Date:				
Name:				
Address:				
City:		State:	Zip Code:	
Phone (day)		(evening)	(cellular)	
Email Address	:			
Are you curre	ntly employed? Yes	or No (circle one)		
Current emplo	oyer/ address:			
Position:		Length of employ	nent:	
Previous emp	loyer/address:			
Position:		Length of employ	nent:	
Education (cir High School	cle one) College 2YR	College 4YR	Graduate Degree	Other
	-	perience (Agency/Years)		
bilingual skills	, professional exper	-	e Safe Center and its progran pies, ect. For computer literat)	



Please indicate how many hours a week you can volunteer:				
How long a commitment can you make as a volunteer:				
Preferred days and hours:				
What type of volunteer work are you most interest in? (You may check more than one)				
Child Victim AdvocateProject Kidz Talk©Hospital Advocacy/SAFER (Seasonal Position) (Degree Required)				
Court AdvocacySpecial EventsOffice WorkChild Waiting Room (Experience Required)				
Community Education/health and information fairs				

We feel that volunteers are a very important part of the work at The Safe Center. Please answer the following questions as fully as possible to help us shape a volunteer program which will be a satisfying experience for you.

Please share your primary motivation(s) for volunteering at The Safe Center.

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

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

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

The Safe Center's policies require screening of volunteers and employees. 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 question does not automatically exclude you from the position.

Have you ever been convicted of a crime?	Yes	No
If yes please explain and give dates.		



	Where you ever the subject of a report of abuse or neglect?YesNoIf yes please explain and give dates.			
	Do you have any founded cases of abuse or neglect against you in Family Court or by CPS? If yes please explain and give dates.	Yes	No	
Have yo	bu, a family member, a loved one or a friend ever been exposed to family violence or sexual as	sault?		
		Yes		No
Comme	nts:			
Against	ou, a family member, a loved one or a friend ever been involved with Nassau County Coalition Domestic Violence (NCCADV), the Coalition Against Child Abuse & Neglect (CCAN) or e Center in any way?	Yes		No
If you a	nswered yes to this question please explain:			

Please list three references (do not use family members) one personal, two that are employer, school or volunteer related. A reference should be familiar with your qualifications and characteristics. We will be in touch with your references. Along with their name please include, a reach phone number, email address, your relationship with them and length of time known.

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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