



Volunteer Application

Date: _____ Have you volunteered at SAAFE House before? Yes No

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

Pronouns: _____ Preferred Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Alt. Telephone: _____

Email Address: _____

Availability:
How many hours per week would you like to volunteer? _____

Indicate times that you are interested in volunteering:

*Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	*Saturday

*Note: Our office hours are Monday-Friday 8:30AM – 5PM. Weekends are event/special projects only.

Are you volunteering to fulfill a class requirement or internship? Yes No If yes, Class Internship

What class and/or degree program: _____

How many hours are you required to complete? _____ By when? _____

Are you volunteering to fulfill a court ordered community service requirement? Yes No

How many hours are you required to complete? _____ By when? _____

Education/Skills:
Highest level of education: High School/GED Some College Associates Bachelors Masters PhD

Are you currently a student? Yes No Name of School: _____

Licenses/Certifications: _____

Describe other training, skills, or talents: _____

Volunteer/Employment Experience

Program/Agency	Position	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (Please list 3 persons other than relatives)

Name	Relationship	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you fluent in any languages other than English? Yes No

If so, what language(s): _____ Speak Read Write
_____ Speak Read Write
_____ Speak Read Write

Do you require special accommodations for your volunteer experience? Yes No

Please explain: _____

Are there any restrictions on your volunteer capabilities? Yes No

Please explain: _____

Have you ever been convicted of a law violation (other than routine traffic violations)? Yes No

Please explain: _____

Have you, your spouse, or a family member ever received services from the Yes No

SAAFE House? If yes, please explain in a separately attached document Unsure

I understand that volunteers are required to always maintain confidentiality during and after their volunteer assignments and that violation of this confidentiality is cause for termination of my volunteer services. I understand that misrepresentation of information requested is cause for termination of my volunteer services. I authorize investigation on all statements contained in this application.

SAAFE House has the right to conduct a criminal background check and by signing below, you authorize investigation of all statements made in this application. Further, by signing below, you agree that you understand these terms as stated and have answered all questions truthfully.

Applicant's Signature: _____ Date: _____

RETURN COMPLETED APPLICATIONS TO RAY'JAA TURNER, VOLUNTEER COORDINATOR

Mail to: SAAFE House
1426 Sam Houston Ave.
Huntsville, TX 77340

Email: volunteers@saafehouse.org

ADMINISTRATIVE USE ONLY

Applicant Contacted on: ___/___/___ Interview scheduled date & time: _____

Interviewed conducted by: _____, on ___/___/___

References Checked by: _____, on ___/___/___

Attended Orientation on: ___/___/___

_____ Volunteer Coordinator, initial here