



Volunteer Application

Please complete this form (print or type) and return it in order to set up your initial interview.

Preferred Name: _____ Date: _____

Pronoun Identification: ___ She ___ He ___ They ___ Ze/Hir/Zir Other: _____

Title identification: ___ Mrs. ___ Ms. ___ Mr. ___ Dr. Other: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Availability (hours per month, start date, evenings, etc.) _____

Which program(s) are you interested in? Application Required:

<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Reception
<input type="checkbox"/>	Child Mentor	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Crisis and Support Line	<input type="checkbox"/>	Resource Center
<input type="checkbox"/>	Life Skills Mentor	<input type="checkbox"/>	Social Action: Civil Law Response Team*
<input type="checkbox"/>	Prevention Education: Community Engagement	<input type="checkbox"/>	Social Action: First Responder
<input type="checkbox"/>	Prevention Education: Survivor Speakers Bureau	<input type="checkbox"/>	Social Action: Personal Protection Orders*

Occasional events: DO NOT complete application - Contact point person:

<input type="checkbox"/>	Projects – Occasional (including garden)	Contact ssharpe@haven-oakland.org
<input type="checkbox"/>	Projects – Event Assistance	Contact hheebner@haven-oakland.org

*Note: these opportunities only have limited availability.

Place of Employment: _____

Job Title: _____

Employment Address: _____

Education: _____

Foreign Language (written or spoken) _____

How did you learn about HAVEN? _____

Please see other side.

Please describe, briefly, any previous volunteer experience and/or training, workshops, or conferences in which you have participated: _____

Please list any professional or civic organizations in which you are active:

Are you currently or have you ever been a client at HAVEN? _____ If yes, which program and dates: _____

Have you ever been convicted of a crime? _____

Are you currently charged with a felony? _____

If yes to either of the 2 previous questions, please explain: _____

Please provide an emergency contact person:

Name: _____ Phone: _____

A criminal background check will be required.

In order to ensure the integrity of our volunteer program and the safety of our clients, HAVEN will not accept individuals into our program who have any history of violent crime on their criminal record or have been convicted of a felony within the last five years.

Please list two references we can contact other than family.

1. Name: _____ Phone: _____

Relationship to you: _____

2. Name: _____ Phone: _____

Relationship to you: _____

Upon the signing of this application, I represent that all of the information given now or hereafter in support of my application is true and complete. I authorize you to verify any of the information contacted in this application. I understand that any false information contained in my application may prevent me from being accepted as a HAVEN volunteer. I understand that if accepted as a HAVEN volunteer, I agree to comply with HAVEN's agency rules, policies, and regulations, which will be explained to me during my training and that failure to comply with these same rules, policies, and regulations may result in my dismissal. I agree that either party may terminate the voluntary relationship with or without cause, at any time for any reason. I understand that I will not be rejected for a volunteer position on the basis of race, creed or religion, color, sex, national origin, age, sexual orientation, physical ability or other factors which cannot be lawfully used as the basis for an employment decision.

LEGAL NAME - PRINT _____ Date _____

Signature _____