

HOUSE OF REFUGE VOLUNTEER APPLICATION

Name _____

Address _____
Street City Zip Code

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Best Time to Call: Home _____ Work _____

Occupation: _____

Current Employer _____

Previous Employer _____

Education _____

Related Experience _____

Office, Computer, Clerical Skills _____

Certifications held: First Aid CPR CAN Others? _____

Languages spoken: English Spanish Others _____

Special Interests, Skills, and Activities _____

Clubs, Organizations, offices held _____

Do you have previous volunteer experience? Yes No

If so what? _____

Emergency Contact: _____ Phone: _____

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How did you learn about volunteering at House of Refuge?

Why would you like to volunteer at House of Refuge?

When are you available to work? Days _____ Times: _____

Do you have any special needs? Yes No

If so, what are they? _____

Would you agree to a finger print and background check? Yes No

Is there anything else you would like us to know? _____

Signature _____

Date _____