



BEACON OF HOPE

CRISIS CENTER

VOLUNTEER FORM

Name: _____ Are you 18 years or older? Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Birthdate (Month & Day Only): _____

Current Employer: _____ Job Title: _____

Current Employment Status: Full-Time Part-Time Homemaker Retired Unemployed

In case of emergency contact: _____ Phone number: _____

How did you hear about us? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING YOUR VOLUNTEERING

Hours Available to Volunteer

- Monday 8:30 am – 4:30 pm
 Tuesday 8:30 am – 4:30 pm
 Wednesday 8:30 am – 4:30 pm
 Thursday 8:30 am – 4:30 pm
 Friday 8:30 am – 4:30 pm

Volunteer Positions

<input type="checkbox"/> Crisis Intervention Specialist (All Shifts)	<input type="checkbox"/> Volunteer Victim Advocate (All Shifts)	<input type="checkbox"/> Event Volunteer
<input type="checkbox"/> Volunteer Victim Advocate (Foster Pet Program)	<input type="checkbox"/> Marketing and Event Planning	<input type="checkbox"/> Board Committee
<input type="checkbox"/> Court Accompaniment	<input type="checkbox"/> Donation and Inventory Specialist	<input type="checkbox"/> Event / Finance / Fundraising
<input type="checkbox"/> Employment Assistant	<input type="checkbox"/> Reception Assistant	<input type="checkbox"/> CEO Personal Assistant
<input type="checkbox"/> Grant Writing Assistant	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Skills

<input type="checkbox"/> Bilingual	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Microsoft Experience	<input type="checkbox"/> Marketing/Sales
<input type="checkbox"/> Basic Excel	<input type="checkbox"/> Management
<input type="checkbox"/> Advanced Excel	<input type="checkbox"/> Educator
<input type="checkbox"/> Publisher	<input type="checkbox"/> Interview Skills
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Legal
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Other
<input type="checkbox"/> Grant Writing	<input type="checkbox"/>

Are there any medical and/or physical limitations? Yes No
If yes, explain:

Church Affiliation:

List any additional information, special interests, or experience, you feel may be helpful to us in considering your application.

What is the best way to contact you? Email Cell Home Phone

Have you filed a volunteer application with us before? Yes No

Have you ever been convicted of a crime? Yes No
If yes, explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work:

References: (Three professional references)

Name	Relationship	Phone Number	Email Address	How long have you known them?

I certify that information/answers given herein are true and complete to the best of my knowledge. As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problems which may arise from any volunteer work I perform for the organization.

Signature _____ Date _____