

# Green Hills Women's Shelter

## Volunteer Application

### About the Applicant

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Maiden Name

\_\_\_\_\_  
Date of Birth                      Social Security Number                      Name of Spouse

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Home Telephone                      Work or Cell Phone

\_\_\_\_\_  
Employer                      Occupation

**What skills, expertise, or educational background would you bring to the Shelter a volunteer?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been a volunteer before?** \_\_\_ Yes \_\_\_ No

If yes, for what organization, and what activities were included? \_\_\_\_\_

\_\_\_\_\_

**Do you still volunteer with the above organization?** \_\_\_ Yes \_\_\_ No

If no, was it your decision to leave, and why? \_\_\_\_\_

\_\_\_\_\_

**Why are you interested in becoming a volunteer for the GHWS?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Do you have any prior experience working with people in crisis/stressful situations?**

Yes  No

If yes, please explain: \_\_\_\_\_

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**Have you ever been a victim of domestic violence, sexual assault, or rape? (Optional)**

Yes  No

If yes, please explain: \_\_\_\_\_

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**What volunteer areas interest you most?** (Rank each item from 1 to 3, with 1 indicating the most interest)

Crisis Line       Transportation       Hospital Advocacy

Childcare       Clerical       Fundraising

Court Advocacy       Shelter Relief       Other \_\_\_\_\_

**When are you available?** (Please indicate which days of the week and time of day)

Sundays       Day       Evening       Night

Mondays       Day       Evening       Night

Tuesdays       Day       Evening       Night

Wednesdays       Day       Evening       Night

Thursdays       Day       Evening       Night

Fridays       Day       Evening       Night

Saturdays       Day       Evening       Night

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**Please list three references:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor?** \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

**Do you have a valid driver's license and automobile liability insurance?** \_\_\_ Yes \_\_\_ No

If yes, license number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

**In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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I understand that my acceptance as a volunteer with the Green Hills Women's Shelter is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from the Green Hills Women's Shelter volunteer services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For use by the Green Hills Women's Shelter only

\_\_\_ Police check performed Date \_\_\_\_\_ \_\_\_ Favorable \_\_\_ Unfavorable

\_\_\_ DFS check performed Date \_\_\_\_\_ \_\_\_ Favorable \_\_\_ Unfavorable