



THE WOMEN'S SAFE HOUSE
VOLUNTEER APPLICATION

OFFICIAL USE ONLY	
Date Received:	Approved By CRVM:
Accepted: <input type="checkbox"/>	Declined: <input type="checkbox"/>
Program Assigned:	
Type: Volunteer <input type="checkbox"/>	Intern <input type="checkbox"/>

CONTACT INFORMATION

Name				D.O.B	(month) / (day)
Street Address					
City		State		Zip	
Home Phone		Cell Phone			
E-mail Address					

YOUR VOLUNTEER SCHEDULE (Check All That Apply)

Please specify the weekdays and hours that best represent your preferred timeslot for volunteer assignments?

Monday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM
Tuesday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM
Wednesday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM
Thursday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM
Friday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM
Saturday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM
Sunday	<input type="checkbox"/>	8AM - 12PM	<input type="checkbox"/>	12PM - 5PM	<input type="checkbox"/>	5PM - 8PM

If you have specific availability details, please specify below:

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Frequency of Volunteer Opportunity	<input type="checkbox"/> One-Time	<input type="checkbox"/> Episodic	<input type="checkbox"/> Continual
Frequency of Volunteer Availability	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Total Number of Hours Per Week			
Volunteer Start Date			

YOUR VOLUNTEER INTEREST (Check All That Apply)

Direct Services

Support Services

<input type="checkbox"/>	Childcare Monitor	<input type="checkbox"/>	Data Entry/Clerical Assistant
<input type="checkbox"/>	Childcare Monitor/Computer Lab Monitor	<input type="checkbox"/>	Development Assistant
<input type="checkbox"/>	Computer Lab Monitor/Instructor	<input type="checkbox"/>	Donations Sorter
<input type="checkbox"/>	Crisis Hotline/Residential Shelter Monitor	<input type="checkbox"/>	Food Donations Pick Up/Delivery
<input type="checkbox"/>	Group Facilitator	<input type="checkbox"/>	Facilities, Maintenance, Groundkeeper
<input type="checkbox"/>	Kitchen Assistant	<input type="checkbox"/>	Internship **Development Department
<input type="checkbox"/>	Internship **Residential Department		
<input type="checkbox"/>	Residential Shelter Monitor		

If you have specific volunteer interests, please specify below:

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Internship Information: College Requirements ***Residential or Development Interns

Number of Hours Needed: Indicate Semester/Term:

The Women's Safe House - Volunteer Application

Have you ever served as a volunteer/employee at a <i>domestic violence</i> shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list agency name, location, and dates of service:		

Have you ever served as a volunteer/employee at a <i>residential</i> shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list agency name, location, and dates of service:		

YOUR EMPLOYMENT INFORMATION

Place of Employment	
Job Title	

YOUR ACADEMIC INFORMATION

School of Study	
Academic Major	
Graduation Date	

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name				
Street Address				
City		State		Zip
Home Phone		Cell Phone		

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations submitted on this application may result in my immediate dismissal.

Name [Please Print]			
Signature		Date	

Prospective volunteers under the age of 18 must have parental consent before being considered and approved for a volunteer assignment.

Parent/Guardian's Name [Please Print]			
Parent/Guardian's Signature		Date	

THE WOMEN'S SAFE HOUSE POLICY

It is the policy of The Women's Safe House to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. However, failure to adhere to strict confidentiality will result in immediate dismissal.

If you have any questions or concerns, please contact the Community Relations and Volunteer Manager: 314.772.4535 - or - volunteer.coordinator@twsh.org
Please scan and email completed application to volunteer.coordinator@twsh.org - or - send by mail to:

TWSH Volunteer Program
The Women's Safe House
P.O. Box 63010
St. Louis, MO 63163

Revised 11/01/2015