

Individual Volunteer Application

This form is to be completed by individuals seeking to volunteer at A Safe Place, either indirectly or directly. Completed forms can be returned to the Volunteer Specialist. **NOTE: Completion of the Illinois Certified Domestic Violence 40-hour Training is required** for any volunteer position that works directly with clients or client records at A Safe Place.

Name:						
(First)	(Middle)	(Last)				
Address:						
Phone:						
Home	Work	Cell				
Email:	Date of Birth	ו:				
Emergency Contact:						
Name	Relation	Phone Number				
High School attending/attended:						
Location:	ocation: Date Graduated:					
College attending/attended:						
Location:	ocation: Date Graduated:					
Degree(s) Obtained:						
Licensure (s) Obtained:						
Have you ever applied to A Safe Pla	ce as a volunteer?					
		Date of last application				
1. Have you completed Illinois C	ertified Domestic Violer	nce 40 Hour Training? (not				

- Have you completed Illinois Certified Domestic Violence 40 Hour Training? (not required for all volunteering opportunities)
 Yes
- 🗌 No

- 2. If no, would you be interested in completing 40 hour training? (40 hour training is required for any direct service with clients, children, or clientele files) Yes
- No

3. How did you hear about A Safe Place?

4. Have you ever had any professional or pers	sonal experiences regarding domestic
violence? Yes No	
a. If yes, did you receive services at ASP	?
	S
5. Current occupation:	
•	
6. Employer:	
7 Personal or professional skills:	
7. Personal or professional skills:	
8. ASP volunteering interests (check all the	at apply):
Direct services (requires 40 hour training)	Indirect services (does not require 40
<u></u>	hour training)
Oversee children or children's programs	Financial/accounting
Group facilitation	Grant or other research
Legal advocacy	Events
Emergency shelter assistance	Clerical/Reception
Answering crisis hotline	Outreach design (flyers, brochures)

- _ Counseling
- __ Mentoring
- ____ Other

- _ Organizing donations
- Cleaning
- ____ Other

9. General Interests (check all that apply, does not require 40 hr. training):

- ____ Reading
- Working outdoors
- ____ Arts and culture
- ____ Teaching

- ____ Public speaking
- ____ Writing
- ____ Sports _____
- ____ Heavy lifting

Volunteer preferences:

10. Is there a particular age group you are mos	st interested in working with?
InfantsToddlers 2-4Young Cl	nildren 5-8Children 8-11
Teens (12-17)Adults	
11. Are there groups with which you would not	be interested in working?
No	Yes
12. Program Interest (Check all that apply): **Note that some jobs in this program will require 4	0 hour training
Emergency Shelter**	Crisis Response**
IPDAV**	Children's Program**
Family Visitation Center (closed on Tuesday)**	Zion Campus (Clerical and Donations)
Crisis Line **	Group Facilitation**
Legal Advocacy (Hours are 8am- 5pm)**	Education and Prevention
Life Skills**	Donation pick up/drop off- transport

13. Do you have any physical or mental limitations they may limit your ability to perform certain types of work? If yes, explain:

Availability:

14. When are you interested in volunteering?

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							
Times							

Notes: _____

15. Do you have access to transportation?

___ Yes ___ No

16. Have you ever been convicted of a crime? Please list conviction(s) and date(s).

It is A Safe Place policy not to consider an applicant's arrest record in employment and volunteer decisions, but a job-related conviction may be considered. Applicants whose position requires contact with clients or their children are automatically barred from employment or volunteering if convicted of an offense that would, under the law, bar the applicant from employment by a licensed child care facility. Convictions of other offenses will be considered on a case by case basis. Every applicant shall, as part of the application process, enumerate all convictions; certify that falsification of the information is ground to deny or withdraw an employment or volunteer position or immediately terminate the employee or volunteer; and authorize the release of criminal conviction information to us. Should the background check disclose conviction for a crime, the applicant will be given a copy of the information. All background check information shall be treated as confidential and maintained in the volunteer's file located in a private office.

I have requested 3 Personal Reference Forms from non- family members

I have completed the Illinois Department of Child and Family Services background check form to be submitted with this application.

When would you be available for an interview? (Please provide days and times)

ALL APPLICANTS, PLEASE SIGN BELOW

By signing below you are authorizing A Safe Place to run a criminal background check.

Signature

Date

Please send completed application to:

kraymond@asafeplaceforhelp.org

A Safe Place Attn: Karly Raymond **Volunteer and Office Operations Manager** 2710 17th St. Zion, IL 60099