



Helping adults, children and youth reclaim their right to a life free from domestic violence since 1977.

Please send completed application to:
kmacdonald@safehouse-denver.org -or-
SafeHouse Denver
Attn: Krystal MacDonald
1649 Downing Street
Denver, CO 80218 -or-
Fax to: (303)832-2929 Attn: Krystal MacDonald

VOLUNTEER APPLICATION

Date of Application: _____

Contact Information

Last Name: _____ First Name: _____
Date of Birth: _____ / _____ / _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell: _____
E-mail: _____

Employment Information/School Information

Employer: _____ Title: _____
Address: _____ City: _____ ST: _____ Zip: _____
Wk Phone: _____ Wk E-mail: _____
Supervisor: _____ Title: _____
Areas of expertise / specialized training: _____

Background Check Information

Due to the nature of our mission, SafeHouse Denver policy requires a background check and child abuse report on all staff and volunteers. The cost for these reports is \$60 and would be your responsibility.

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Yes ____
No ____

If yes, please explain: _____
(A conviction will not necessarily disqualify an applicant from volunteering.)

Have you ever been listed on the Central Registry for child abuse or neglect? Yes ____ No ____

If yes, please explain: _____
(A conviction will not necessarily disqualify an applicant from volunteering.)

SafeHouse Program Areas

Please check the program in which you are most interested. Because of the training requirements, we suggest you start with only one program. There is extensive training required for both programs. The training is 14 hours of DV101 and General Trainings and then additional hours that are program specific.

Crisis Line Program <i>Responds to incoming calls and provides callers with crisis intervention, information, referrals, and supportive listening. Crisis Line volunteers must be able to work independently, respond to calls in a calm, assertive and non-judgemental manner and respect the confidentiality and safety of the women and children at SafeHouse. Hours available: 24/7 Program. The only limitations are whether you volunteer at our shelter (community living residential facility) or at our Counseling and Advocacy Center (office environment) CAC is only available Mon-Fri from 8:30am-4:30pm Volunteer commitment: Minimum of 4 hours per month</i>	Childrens Program <i>Participates in and facilitates structured group activities with children/families of SafeHouse clients. Children's program volunteers must be creative, confident and non-judgemental. Hours may be: 6:15-8:15pm Monday, Tuesday and/or Thursday evenings Volunteer commitment: Minimum of 4 hours per month</i>
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Please mark all of your skills:

- | | | |
|---|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Computer Technician | <input type="checkbox"/> Cooking | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Writing / Desktop Publishing |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Storytelling / Child Care | <input type="checkbox"/> Data Entry/Computer |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Marketing | <input type="checkbox"/> Event Planning / Committees |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Group Facilitation | <input type="checkbox"/> Plumbing | |
| <input type="checkbox"/> Public Speaking / Training | <input type="checkbox"/> Painting | |

Are you bilingual? Yes ____ No ____ If yes, please answer the following:

What language(s): _____

Can you read and write in the above listed languages? _____

Other skills or experience you would like us to know about? _____

Your Availability

When training is completed, what is your availability of times to volunteer?

What is your availability?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							

Any additional information we should know about your availability:

In Your Own Words

What are your strengths in working with others: _____

What skills would you like to develop or learn? _____

What are you hoping to get out of your volunteer experience? _____

Why do you think domestic violence happens? _____

How do you think domestic violence can be eliminated or prevented? _____

Reference

Please list 2 references, other than relatives, who have known you for at least two years:

1) Name: _____

Phone: _____

Email: _____

2) Name: _____

Phone: _____

Email: _____

Emergency Contact

Please list 2 people to notify in case of an emergency:

1) Name: _____

Phone: _____

Email: _____

2) Name: _____

Phone: _____

Email: _____

Applicant Signature

Date

Thank You!