

Volunteer Application

Please print this application, fill it out and mail to **S.A.F.E. Place, ATTN: Volunteer Coordinator, P.O. Box 199, Battle Creek, MI 49016-0199.**

Your Information

Today's Date _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 Email _____
 Birth Month _____ Year _____
 Occupation _____

Best time(s) & day(s) to be contacted _____

Have you had any previous contact with this agency? Please explain and give dates _____

List your level of education and any special training _____

Describe any experience you've had working with people in crisis situations _____

Describe any special skills you'd be willing to contribute to S.A.F.E. Place _____

Circle areas of most interest:

Crisis Phones	Children's Program	Office	Transportation
Maintenance	On-Call Marketing	Outreach Training	Donations
Fundraising	Other _____		

Day(s) and time(s) available to volunteer _____

Are you volunteering as part of student placement or in connection with any other program? (circle one) YES NO
If YES, describe _____

List 3 or more expectations or ideas you have about volunteering at S.A.F.E. Place _____

Attach a resume and a list of 2 personal references and 1 work reference. Be sure to include the reference person's name, address, phone number, and relationship.

Name of person to contact in case of an emergency _____

Phone _____ Relationship _____

Which hospital do you prefer? _____

Name of physician _____

When becoming a volunteer for S.A.F.E. Place, I agree to:

Commit to initial training required for my specific role, and six (6) months of service, and authorize S.A.F.E. Place to conduct a background check on me regarding my previous employment record, job performance, and character, and I release S.A.F.E. Place from any liability, thereof.

Please consider the above agreement before making a decision to volunteer for S.A.F.E. Place. If you still wish to become a volunteer, please sign below. THANK YOU!

Signature _____ Date _____