

SAFE, Inc. Volunteer Application

Please Print

Date: _____

Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ E-mail: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Do you speak another language besides English? _____ Yes ___ No

If yes, what language? _____ Speak ___ Read ___ Write _____

Do you have computer skills? ___ No ___ Yes If yes, what type? _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, Please explain: _____

I am interested in volunteering at (circle): Interiors Attic Office Shelter Schools
Court Outreach Events

I can work (circle): Mornings Afternoons Weekends Special Events

I prefer (circle): Monday Tuesday Wednesday Thursday Friday Saturday

Do you have any physical condition(s) that might limit modify your volunteer activities? _____ Yes ___ No

How did you first learn about SAFE? _____

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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should this application contain any false or misleading information, my application may be rejected.

Signed: _____ Date: _____