



Mitchell Area Safehouse & Family Visitation Center

Providing Assistance to Victims of Domestic Abuse & Sexual Assault
Give back to your community and be a part of our Team

Volunteer Application

Volunteer Profile

First Name	Middle Name	Last Name	Application Date
Mailing Address	City, State	Zip Code	County
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address

Emergency Contact Name & Phone Number

School Name & address		Education Level	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Attended College	<input type="checkbox"/> College Graduate <input type="checkbox"/> Technical School Graduate <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate/Prof. Degree
Children living at home		Employment Status	
Name	Age	<input type="checkbox"/> Currently unemployed <input type="checkbox"/> Full Time Homemaker <input type="checkbox"/> Retired	
1.		<input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part Time	
2.			
3.			
Current Employer		Job Title	

Volunteer Skills/Preferences

Availability	# of Hours Available: _____	American Sign Language	Foreign Language
<input type="checkbox"/> Week Days <input type="checkbox"/> Week Nights <input type="checkbox"/> Weekends	Per: <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Languages Spoken:
Own/Have Access to a Car	Own/Have Access to a Pick Up	Willing to make Deliveries	Auto Liability Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License Number	Drivers License State	Auto Make/Model	License Plate Number

Areas of Interest

- | | | |
|---|---|--|
| <input type="checkbox"/> On Call Crisis Advocate | <input type="checkbox"/> Child Care for Parenting Classes | <input type="checkbox"/> Facilitate Children's Group |
| <input type="checkbox"/> Court Advocate Volunteer | <input type="checkbox"/> Special Events | <input type="checkbox"/> Volunteer Interpreter |
| <input type="checkbox"/> Client/Victim Transportation | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Moving Assistance |
| <input type="checkbox"/> Facilitate Women's Group | <input type="checkbox"/> Provide Overnight Advocacy | <input type="checkbox"/> Provide Client Follow Up Services |
| <input type="checkbox"/> Holiday Activities | <input type="checkbox"/> Assist Clients in Shelter | <input type="checkbox"/> Public Awareness and Fundraising Events |
| <input type="checkbox"/> Clerical | | <input type="checkbox"/> Monitoring and Distributing Donations |

Volunteer Skills/Preferences

List previous volunteer work.

List special skills, training or experience that may be applicable to work with the Mitchell Area Safehouse.

List medical or physical conditions that the Mitchell Area Safehouse should be aware of.

Why do you want to volunteer with the Mitchell Area Safehouse?

What life experiences have you had that you feel will benefit your work with the Mitchell Area Safehouse?

References: Complete mailing address required

Name	Street Address	City, State & Zip	Phone
1.			
2.			
3.			

Have you previously been involved with the Mitchell Area Safehouse?

- Yes
 No

If No, where did you hear about the Mitchell Area Safehouse Volunteer Program?

Volunteer Signature

I certify that information/answers given herein are true and complete to the best of my knowledge. I consent to and authorize the Mitchell Area Safehouse and its employees to complete reference checks by contacting and obtaining information from the references provided above. I also hereby release the Mitchell Area Safehouse and its employees from all liability for damages or claims, which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Signature

Date

Please print and complete this form, sign & date, and return it to:

Shelter Coordinator: Coleen Smith

Mitchell Area Safehouse

1809 North Wisconsin

Mitchell, SD 57301

Phone: (605)996-2765 Fax: (605) 996-1603

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