

# Sexual Assault and Family Emergencies Volunteer Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PH# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOW DID YOU HEAR OF TRAINING? \_\_\_\_\_

NAME THREE THINGS YOU EXPECT TO GAIN FROM YOUR VOLUNTEER WORK WITH US?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

IF SO WHERE \_\_\_\_\_

WILL YOU BE ABLE TO ATTEND THE TRAINING SESSIONS ON TUESDAY/THURSDAY EVENINGS  
AND SATURDAYS??

\_\_\_\_\_

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE YOU HAVE HAD? \_\_\_\_\_

\_\_\_\_\_

WHAT CLASSES OR EXPERIENCE, IF ANY, HAVE YOU HAD THAT MAY ENHANCE YOUR VOLUNTEER  
ABILITY WITH OUR ORGANIZATION?

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:

SAFE  
C/O Teresa Duckworth  
1410 Sunset Drive Suite G  
Vandalia, IL 62471

AN INFORMAL INTERVIEW WILL BE CONDUCTED UPON RECEIPT OF APPLICATION. THANK YOU  
FOR YOUR INTEREST.