

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.