



SAFEHOUSE
D E N V E R

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with **SafeHouse Denver**. Please fill out this application and return it to the Volunteer Coordinator. Upon receipt of your application you will be contacted to schedule an interview to match your needs as a volunteer with our current volunteer opportunities.

Name _____

Address _____

_____ **Email** _____

Phone: Preferred _____ **Secondary** _____

Place of Employment _____ **Occupation** _____

Best time to reach you _____ **Over age 18?** **Y** **N**

Languages Spoken and Proficiency Level _____

Education/Special Training _____

Volunteer Experience (include dates) _____

How did you hear about Safehouse Denver's volunteer programs?

When are you available to volunteer?

WEEKDAYS _____

WEEKENDS _____

Mornings _____

Mornings _____

Afternoons _____

Afternoons _____

Evenings _____

Evenings _____

Please circle the programs you are most interested in volunteering for:

Direct Service

Crisis Line

Children's Program

Bilingual Program

Indirect Service

Special Events

Clerical/Administrative

Committees



Please attach additional pages if you need more space to answer the following questions.

What are your greatest strengths in helping others?

In what areas would you like to improve?

Describe what you hope to achieve for yourself personally through volunteering:

How would you describe your work style (i.e. a self-starter, someone who needs a lot of direction, able to work independently, etc.)?

What have been your personal experiences with battering/abuse/violence? What has been your process of recovery from those experiences?

How do you typically deal with your own anger? How do you react to other's anger?

Why do you think domestic violence or abuse happens?

What do you see as the primary barriers to a victim leaving her/his abuser?

What activities or interests do you find exciting, replenishing, or positive for taking care of yourself?

Have you ever been convicted of a crime? Y/N
If yes, please explain:



CONFIDENTIALITY OATH

SafeHouse Denver, Inc.

As an employee of SafeHouse Denver, I pledge to respect all matters of confidentiality. I will not divulge the address nor the location of SafeHouse, except as absolutely necessary. I will not release the identity of any residents or clients of SafeHouse, neither sheltered nor in the community; neither women nor children. I will not discuss client cases or information with persons other than SafeHouse staff.

I understand that if I do not respect matters of confidentiality, disciplinary actions may be taken, resulting in possible termination.

Volunteer Signature _____ Date _____

REFERENCES

Please list 3 references, other than relatives, who have know you for at least one year.

1. Name _____
Phone _____
2. Name _____
Phone _____
3. Name _____
Phone _____

Signature _____ Date _____

Please mail, fax, or e-mail this application to:

**Attn: Volunteer Coordinator
SafeHouse Denver, Inc.
1649 Downing St.
Denver, CO 80218
Fax: 303-318-9979
volunteers@safehouse-denver.org**



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