



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	Date Of Birth
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	<input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part Time
1. 2. 3.			
Current Employer		Job Title	

Volunteer Skills/Preferences

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

Areas of Interest

<u>Direct Services</u> <input type="checkbox"/> On-Call Crisis Advocate <input type="checkbox"/> Support Group Facilitator <input type="checkbox"/> Weekend/Overnight Advocate <input type="checkbox"/> Volunteer Interpreter <input type="checkbox"/> Monitor Specialist	<u>Donations/Shelter Duties</u> <input type="checkbox"/> Handy/Maintenance Worker <input type="checkbox"/> Donation/Housekeeping Support <input type="checkbox"/> Moving Assistance <input type="checkbox"/> Reception/Office Support	<u>Awareness/Fundraising</u> <input type="checkbox"/> Outreach Advocate <input type="checkbox"/> Committee Volunteer <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Awareness Events	<u>Child/Youth Services</u> <input type="checkbox"/> Child Care <input type="checkbox"/> Youth Mentor <input type="checkbox"/> Children's Group Assistance
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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
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Please print and complete this form, sign & date, and return it to:

Mitchell Area Safehouse
1809 North Wisconsin
Mitchell, SD 57301
Phone: (605)996-6622 Fax: (605) 996-1603