



Volunteer Application

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Contact Information

First Name	
Last Name	Middle Name
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Employer	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Interests *Please number in order of preference*

- Administrative/Office (Clerical, Office Assistant, Reception)
REQUIRES BUSINESS REFERENCES, RESUME, TB TEST AND BACKGROUND CHECK
- Events (Information booth, set up, clean up, event committee)
REQUIRES BUSINESS REFERENCES, RESUME, TB TEST AND BACKGROUND CHECK
- Fundraising (Outreach to businesses, Agency events)
REQUIRES BUSINESS REFERENCES, RESUME, TB TEST AND BACKGROUND CHECK
- Holiday Boutique (set up, clean up, gift wrap) **Hours available**_____
- Hotline (answer phones, route calls)
REQUIRES BACKGROUND CHECK, 40 HR TRAINING AND TB TEST
- Kids Club (work with children, organize arts & crafts projects, supervise activities) **REQUIRES TB TEST AND BACKGROUND CHECK**
- Legal Advocacy
REQUIRES BACKGROUND CHECK , 40 HR TRAINING AND TB TEST
- Outreach/Speakers Bureau
REQUIRES BUSINESS REFERENCES AND RESUME AND BACKGROUND CHECK

Previous Volunteer Experience

Summarize your previous volunteer experience.

Prior Convictions

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

Next Door Services

Have you ever received services from Next Door, if so when and what services did you receive?

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

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Agreement and Signature

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Next Door Solutions to Domestic Violence that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained in my application will be verified by Next Door Solutions to Domestic Violence. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or termination as a volunteer.

Name (printed)	
Signature	
Date	

Personal Data (For Liability and/or Grant Reporting Requirements)

Date of Birth	
Ethnicity	
Gender	
Social Security Number	
Other names you have used (Former last name)	

TO BE COMPLETED BY NEXT DOOR STAFF ONLY

BACKGROUND CHECK COMPLETED _____ **COMPLETED BY** _____

TB TEST COMPLETED _____ **40 HR TRAINING COMPLETED** _____

START DATE _____ **DEPARTMENT** _____