

Center For Hope And Safety

Post Office Box 217 * Hackensack, NJ 07601 * Phone: 201-836-1075 x233* Fax: 201-836-7029

Email: Gervonn@hopeandsafetynj.org

Last Name		First Name	Middle Initial	Today's Date
Street Address		City, State, Zip		Date of Birth
Home Phone	Work Phone	Cell Phone	Email	
High School		Undergraduate School/Major/Graduation Date		Post Graduate School Major/Graduation Date
Primary Language		Additional Language Fluency		Additional Language Fluency
Ideal hours/Days to Volunteer		Can you commit to a regularly scheduled shift?		Can you be called to assist with short notice?

History of Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed – (Month and Year) Start Last
Name of Supervisor	
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
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Are you a member of any organizations? If so, please list
CHAS conducts a 40-hour Domestic Violence training program that is required for volunteers interested in working directly with clients. Training takes place in the Fall and Spring on 10 evenings from 6pm to 10pm. Are you interested in attending the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
What specific skills or abilities would you bring to Shelter Our Sisters?
Are you an active volunteer with any other organizations? Please describe
How were you referred to Shelter Our Sisters?
What made you decide to become a Shelter Our Sisters' volunteer?

Describe any experiences you have had regarding domestic violence

Have you or has anyone you know ever stayed at CHAS or at another shelter for domestic violence?

If your personal experience includes instances of domestic violence, when was did the last incident of abuse take place?
 Currently taking place 6 months to 1 year 1-3 years over 5 years

Have you ever pleaded guilty to a felony, a misdemeanor, a disorderly/petty disorderly persons offense, or driving under the influence? Yes No
 If Yes, please explain (will not necessarily exclude you from consideration):

Please number from 1 to 3 with 1 being your first choice, which volunteer assignments you prefer:
 ___ Children's Program ___ Tutoring ___ Hotline ___ Office Support ___ Legal Advocacy ___ Organizing Donations
 ___ Computer Work ___ Mentoring ___ Fundraising ___ Child Care ___ Special Projects
 ___ Other...please describe:

Do you have any questions or comments regarding this commitment?

Please list two references (excluding family) that have known you for at least one year. In addition to listing two references, please attach 2 letters of reference (professional and/or personal) and your resume.

Name	Street Address	City, State, Zip	Telephone/Email	Relationship

In case of emergency, please notify:

Name	Street Address	City, State, Zip	Telephone	Relationship

Do not write below this line:

Status: (Staff only)
 Accepted Not Accepted Scheduled for Training Background Check | References sent References Received

Screened by: Date:	Notes:
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