

DOMESTIC ABUSE FAMILY SHELTER, INC.

VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (HOME) _____ (WORK) _____

IN WHICH LOCATION DO YOU WANT TO VOLUNTEER? (CIRCLE ONE OR BOTH)

LAUREL

HATTIESBURG

TIMES AVAILABLE FOR VOLUNTEERING (PLEASE CHECK)

	MORNING	AFTERNOON
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____

PLEASE ANSWER AS THOROUGHLY AS POSSIBLE:

1. HAVE YOU HAD ANY EXPERIENCE WITH/EXPOSURE TO DOMESTIC VIOLENCE?

2. HAVE YOU EVER WORKED WITH VICTIMS/SURVIVORS OF DOMESTIC VIOLENCE OR THEIR CHILDREN?

3. ARE YOU A VICTIM OR SURVIVOR OF DOMESTIC VIOLENCE?

IF YES, WHAT HAVE YOU DONE TO DEAL WITH THE DOMESTIC VIOLENCE?

4. DO YOU HAVE ANY PHYSICAL DISABILITIES OR MENTAL ILLNESSES?

IF SO, DO YOU HAVE ANY LIMITATIONS?

5. WHAT INTERESTS YOU THE MOST ABOUT VOLUNTEERING WITH THIS AGENCY?

PLEASE CHECK THE VOLUNTEER AREAS BELOW THAT YOU ARE WILLING TO DO:

- PICK UP DONATIONS IN THE COMMUNITY
- GENERAL OFFICE WORK
- WORK WITH CHILDREN IN CHILD CARE
- WRITE THANK-YOU NOTES FOR DONATIONS
- GENERAL MAINTENANCE
- PAINTING
- FUND-RAISING ACTIVITIES
- GROCERY SHOPPING

PLEASE LIST ANY PREVIOUS VOLUNTEER EXPERIENCE, WITH REFERENCES:

PLEASE GIVE TWO REFERENCES (BUSINESS OR PERSONAL):

1. NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO YOU _____

2. NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO YOU _____

By returning this volunteer application form and affixing my signature below, I am giving my permission for the Domestic Abuse Family Shelter, Inc. to request information from any source mentioned above.

Signature of Applicant

Date

PLEASE RETURN THIS FORM TO:

MARILYN HOWELL
DAFS
P.O. BOX 273
LAUREL, MS 39441