

**Volunteer Application
For
S.A.F.E., Inc.**

Name _____ Phone (h) _____ (w) _____

Address _____ zip _____

Social Security Number _____ U.S. Citizen? Yes No

Date of Birth _____ Employer _____

E-mail address _____

Are you employed? Full Time _____ Part Time _____ Student _____

Area of Interest: Domestic Violence ___ Sexual Assault ___ Child Abuse/Neglect ___

Are you a victim or survivor of:

Domestic Violence ___ Sexual abuse ___ Sexual assault ___ Other _____

Times Available to Volunteer : Night _____ Day _____ Weekends _____

Have you received counseling for any type of abuse ? _____ Please explain below .

Why are you interested in volunteering at S.A.F.E.?

Educational Level: _____

Please list three personal references with addresses and phone numbers:

1. _____

2. _____

3. _____

Please list three places of employment:

1. Business _____
Address _____
Job title _____
Reason for leaving _____

2. Business _____
Address _____
Job title _____
Reason for leaving _____

3. Business _____
Address _____
Job title _____
Reason for leaving _____

I understand that S.A.F.E., Inc. will conduct a mandatory background check prior to my being admitted to the volunteer program.

Signature _____ Date _____

I pledge to keep the location of the S.A.F.E shelter and the names of the clients confidential. I will respect and maintain confidentiality on all information pertaining to clients who seek help from the program. If I violate this pledge, I will automatically be terminated as a volunteer and possibly prosecuted by S.A.F.E.

Signature _____ Date _____

I, _____, am willing to serve as a volunteer for S.A.F.E., Inc. shelter. I agree to release S.A.F.E. from all liability for any injury or personal damage I might receive as a result of my volunteer work with the shelter. If I am unable to come to work, I will contact the Volunteer Services Coordinator or the Executive Director as soon as possible. If I choose to discontinue my volunteer work with S.A.F.E., Inc., I will submit in writing a two week notice.

Signature _____ Date _____

Permission for Release of Information from Criminal Records

I hereby give my permission for the release to S.A.F.E., Inc. of Tupelo MS any information from law enforcement files concerning any past history of sex offenses against children with which I may have been charged or convicted.

I understand that the information to be released will concern only charges and/or convictions of carnal knowledge of a child under age 14 years, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or a child of a cohabiting partner, or unnatural intercourse. No information will be released on any criminal record I may have which does not relate to these particular crimes.

I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times. I understand that S.A.F.E., Inc. has the right to require this record check as a condition of employment as a volunteer.

I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for any other purpose.

Name _____ Social Security Number _____

Address _____

Date of Birth _____

Signature _____ Date _____

Witness _____ Date _____

