



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: Home: _____

Work: _____ Cell: _____

E-mail Address: _____

How did you hear about us? Internet/Web Page ____ Referred by friend/volunteer ____ Teacher ____
Community Forum ____ TV/Radio ____ Newspaper ____ Client ____ Church ____ Work ____ Other:

Skills and Interests

Educational Background: _____

Current Occupation: _____

Employer: _____

Hobbies: _____

Languages: _____

What special skills do you possess which you feel will help you in a volunteer role at Hampton Roads Haven?

As a volunteer you will be working with clients of many different ethnic and socioeconomic backgrounds. Clients may have values and beliefs quite different from your own. Please describe why this will or will not present a difficulty or adjustment for you as a volunteer.

What are your goals as a volunteer? _____ School Credits _____ Internship _____ Seasonal _____
Resume Enhancement _____ Corporate Sponsorship _____ Contribution to Community _____ Court
Ordered _____ Church Outreach _____ Socialization Other:

What additional skills/strengths would you like to develop as a result of volunteering at Hampton Roads Haven?

Preferences in Volunteering

Please help us match you with assignments you would enjoy. Please indicate the types of volunteer services that are of interest to you (check all that apply).

- _____ Administrative Duties _____ Court Companion _____ Community Outreach
- _____ Fundraising/Development _____ Holidays _____ Landscaping/Maintenance
- _____ Research or Individual Projects _____ Shelter Shopper _____ Special Events
- _____ Sort Donations _____ Training

Are there specific tasks that you are unable to perform due to physical limitation or personal preference? Yes _____ No _____ If yes, please explain:

At what times are you available to volunteer? Weekdays _____ Weekends _____ Daytime _____
Evenings _____ Additional comments:

Background Verification

Have you ever been convicted of a criminal offense? Yes _____ No _____ Please explain:

Have you ever been charged with neglect, abuse or assault? Yes _____ No _____ Please explain:

Has your driver's license ever been suspended or revoked in any state? Yes _____ No _____ Please explain:

Do you use illegal drugs? Yes _____ No _____ Please explain:

Please list 2 non-family reference whom we might contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact Information:



Our volunteer program may need to do one or all of the following background screenings (Criminal Background, Child Protective Service Record, Sexual Offender Record and Driving Record). If so, all information, as well as all information on this application will be kept confidential and measures will be taken to protect your privacy. To do the screenings social security number and date of birth will be needed.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. I further consent for Hampton Roads Haven to obtain additional information necessary to process my application. This may include but is not limited to employment verification, references and background checks. (Please note your refusal may exclude you from consideration from volunteering with Barrett Haven).

Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Thank you for your interest in Hampton Roads Haven.