



300 E Street, NW, Washington, D.C. 20001
Phone: (202) 638-2575
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www.safeshores.org

VOLUNTEER APPLICATION

Please complete the following five (5) pages, sign the release form, and mail or fax to the above address.

Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the confidentiality requirements of Safe Shores. No individual will be rejected because of race, color, religious creed, national origin, sex, age, or marital status.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Date of Birth: _____ Gender (Check one): Male Female
(Must be over 18 years of age)

In case of emergency, call: Name: _____

Relationship to Applicant: _____ Phone: _____

EMPLOYMENT INFORMATION

Employer/University: _____ Position: _____

Employer's Address: _____

Please check one: Full-Time Part-Time Retired Student Other

May we call you at work? Yes No

Brief description of work:

VOLUNTEER INFORMATION

How did you learn of Safe Shores?

Newspaper/Magazine Friend/Relative TV Religious Organization
 Website: _____ Other (please list): _____

Please explain why you are interested in becoming a volunteer with the DC Children’s Advocacy Center:

Do you have any personal concerns about working in an agency that serves victims and families affected by child sexual abuse? If so, please explain.

Please list any current or prior volunteer/community activity experiences (organization, position, and duration):

Please list any areas of expertise or special skills you could bring as a volunteer to Safe Shores:

Please list languages, other than English, in which you speak fluently.

What Safe Shores program(s) are you interested in volunteering with? (Check all that apply)

CONTINUOUS/YEAR-ROUND PROGRAMS:

- The Clothes Closet
- The Youth Activity Program (playroom/waiting area)
- Forensic Service Program (online data entry)

SEASONAL PROGRAMS/PROJECTS:

- The Holiday Assistance Project (October to December)
- Annual Back to School Supply drive (July to September)

I am interested/willing to volunteer with any Safe Shores program or event.

I have spoken with a staff member or the Executive Director about working on a special project.

Please indicate the period of time you are able to commit to serving as a volunteer:

- One time/project
- 3-6 months
- 6-12 months
- At least a year

Availability as a Safe Shores Volunteer: (Check all that apply)

I would prefer to volunteer at a regularly scheduled time each week. Please complete the days and times you would be available:

MON	TUES	WED	THURS	FRI
_____	_____	_____	_____	_____

I would prefer to volunteer at regularly scheduled times each month. The following days and times usually work best for me:

MON	TUES	WED	THURS	FRI
_____	_____	_____	_____	_____

I would prefer to be on a call list of volunteers who would be contacted when help is needed for projects at Safe Shores.

I am working on a special project and will arrange my hours with the coordinating Safe Shores staff member.

What are the strengths you feel you will bring to this program?

BACKGROUND INFORMATION

Have you had a personal experience involving the following? If so, please explain:

Child Welfare: _____

Juvenile Court System: _____

Foster Care: _____

Other agencies offering services to a child: _____

If applicable, have your children ever utilized the services of Safe Shores? _____

Have you ever been convicted of a crime? GYes GNo

Have you ever been accused of a sexual related crime? v Yes v No

If YES, list convictions and dates:

REFERENCES

Please PRINT three (3) persons of reference who know you well (non-family), at least one of which is a person with whom you have worked in either a paid or unpaid capacity. If you are currently employed, either paid or unpaid, please include the name of your supervisor.

Name & Relationship/Title	Complete Address (Street, City, State & Zip)	E-Mail Address/Telephone
1.		
2.		
3.		

BACKGROUND CHECK

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Safe Shores--The D.C. Children's Advocacy Center, to investigate my background to determine my fitness as a potential volunteer. I understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that by my signature on this application I authorize Safe Shores--The D.C. Children's Advocacy Center to complete record checks through any law enforcement agency they authorize, and the Children and Family Services Agency Central Registry Desk. All information will be held in strictest confidence.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Safe Shores volunteer. Further, I understand that completion of a screening interview with a staff member, successful completion of all background checks, and attendance at an orientation session is required prior to my start as a volunteer. I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a Safe Shores volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of Safe Shores, and their desire to provide quality services to abused children, my services as a volunteer will be terminated.

I also understand that any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the D.C. Children's Advocacy Center's program's credibility is not eligible to be a Safe Shores volunteer.

APPLICANT'S SIGNATURE: _____ DATE: _____

Please also provide your social security number and date of birth below, which are required to process your background check. Upon completion of the background check, the information below the dotted line will be separated from the application and destroyed, so as to protect the applicant's personal identification information.

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SOCIAL SECURITY NUMBER: _____ DOB: _____