

## Dial Help Volunteer Application

Please fill out and email to [dial.help@dialhelp.org](mailto:dial.help@dialhelp.org), fax to 906-482-2502,  
or mail/drop off to 609 Sheldon Avenue, Houghton MI 49931

### PERSONAL INFORMATION

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Name (First, Middle, Last)

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Address

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City

State

Zip Code

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Cell/Home Phone

Work Phone

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Email Address

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Date of Birth

Driver's License/State ID Number

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Emergency Contact

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Relationship

Phone Number

### EXPERIENCE

Check all that apply:

Employed  Unemployed  Self-Employed  Retired  Student

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Place of Employment or School

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Job Title or Degree Program

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Supervisor

Number of years at present job or school: \_\_\_\_\_

Regular working or school hours: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Volunteer experience (where and activities performed):

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Education:

High School  Professional/Technical  College  Graduate School

Have you ever been convicted of a crime?  No  Yes

If yes:

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Nature of offense, when and where

Do you have your own transportation?  No  Yes

### **REFERENCES**

List three references not related to you:

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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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## **OTHER INFORMATION**

How did you hear about our volunteer program ?

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Why are you interested in doing volunteer work with us?

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What additional skills and strengths would you like to develop as a result of your experience with this volunteer program?

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As a volunteer, you may be working with clients of different ethnic and socio-economic backgrounds. Sometimes clients may have values or beliefs quite different from you own. Please describe why this will or will not present a difficulty or adjustment for you.

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Is there anything else we should know/comments?

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## **VOLUNTEER PREFERENCES**

Will you be able to attend the 30 - 40 hours of required training in addition to the regularly scheduled volunteer time?  No  Yes

Will you be able to attend regular monthly volunteer meetings?  No  Yes

To streamline scheduling to ensure 24/7 services, please check each time(s) and day(s) you would be able to volunteer.

Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Holidays  Mornings  Afternoons  Evenings

**Please check the areas of service that interest you:**

Crisis Line Worker

Youth activities

Fundraising

Publicity/Outreach

Statistics

Legal/Grant Research

Newsletter (graphics, writing, etc.)

Typing/Filing/Office Skills

Victim Services

Building maintenance/recycling

SART/SANE Advocate (Sexual Assault Response Team)

If a volunteer advocate, are you able to commit yourself to being on-call on a given day per-week?  No  Yes

If no, please explain your limitations and the length of time/commitment that you are able to make:

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If a volunteer crisis line worker, are you able to commit yourself to volunteering a minimum of four hours per week for nine months?  No  Yes

If no, please explain your limitations and the length of time/commitment that you are able to make:

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**CONSENT TO PUBLISH**

Dial Help recognizes our volunteers in a special section of our annual report. Do we have your permission to publish your name in this section?

YES. Please include my name in the volunteer section of Dial Help's report.

NO. DO NOT include my name in the volunteer section of Dial Help's report.

**AUTHORIZATION FOR RECORD CHECK**

In consideration of Dial Help and/or the Houghton County Sheriff's Office considering me for their volunteer programs, I hereby authorize Dial Help, and the Sheriff's Office, their employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history and other related matters as may be necessary to determine my suitability for these volunteer programs. I hereby waive my right to privacy and release employers, schools and/or persons from any and all liability in responding to inquiries in connection with my Volunteer Application.

In the event of my acceptance to the Volunteer Program, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Knowingly and voluntarily given,

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Volunteer Printed Name Date

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Volunteer Signature

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Witness Printed Name Date

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Witness Signature