

## Safe Haven UC – Volunteer Application

Safe Haven UC is a subsidiary of Maranatha Women's Ministry

Volunteer as an Individual

Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Today's Date\*

mm/dd/yyyy \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth\*

mm/dd/yyyy \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

What other organizations have you volunteered with (if any)?

\_\_\_\_\_

\_\_\_\_\_

During which days are you available for volunteer assignments?\*

Mondays \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

During which hours are you available for volunteer assignments? \*

Mornings (8:00 AM – 11:00 AM)

Afternoons (11:00 AM – 1:00 PM)

Evenings (1:00 PM – 4:00 PM)

Other Times \_\_\_\_\_

Skills\*

Organizational Tasks \_\_\_\_\_

Mentoring/Counseling \_\_\_\_\_

Landscaping \_\_\_\_\_

Administration/Reception \_\_\_\_\_

Computer Skills \_\_\_\_\_

Marketing Event \_\_\_\_\_

Planning Fundraising \_\_\_\_\_

Teaching a Class \_\_\_\_\_

Other Skills \_\_\_\_\_

I authorize any reference or church listed in this application to give you any information they may have regarding my character and fitness. I release such references and Safe Have UC from liability for any damage that may result from furnishing such information or evaluation to you, and I waive any right I have to inspect any reference provided.

I hereby give my consent to Angela House to request and provide information relating to my suitability to serve and for those persons to release such information to Safe Haven UC. I give my permission for Safe UC to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position at Angela House.

I hereby affirm that the information contained in this application is correct to the best of my knowledge and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

Signature \_\_\_\_\_ Date \_\_\_\_\_