



Crisis Center for South Suburbia Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Email: _____ Primary Phone: _____

****Email is the preferred form of contact for volunteers****

Education and Training (Please begin with most recent)

Institution Name	City/State	Diploma/Degree/Major	Dates Attended

Fluent Language Skills (include sign language)

Work Experience (Please begin with most recent)

Company Name	Address and Phone Number	From/To	Position/Responsibilities

Volunteer Experience (Please begin with most recent)

Organization	Address and Phone Number	Responsibilities

Have you completed 40-Hour Domestic Violence training? _____ **Yes** _____ **No**

(If yes, please scan and attached a copy of your 40 hour certificate)

Volunteer Opportunities (Check all positions you are interested in. Please note – positions in bold require completion of 40-Hour Domestic Violence training.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Clerical Worker | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Court Advocacy | <input type="checkbox"/> Handyman | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Medical Advocacy | <input type="checkbox"/> Neat Repeats Resale Shop | <input type="checkbox"/> Community Ambassador |

How much time per week are you able to volunteer at the Crisis Center? _____
(A volunteer shift is usually 3 to 4 hours per week)

When is the best time for you to volunteer?

- Morning Afternoon Evening Weekend

Describe any specialized skills, hobbies, or interests: _____

Do you have any physical limitations to consider in your volunteer assignment?

Yes _____ No _____ If yes, please specify: _____

References (Please list three persons who have known you for at least one year)

Name: _____ Relationship to you: _____

Email: _____ Phone: _____

Name: _____ Relationship to you: _____

Email: _____ Phone: _____

Name: _____ Relationship to you: _____

Email: _____ Phone: _____

Emergency Contact

Name: _____ Relationship to you: _____

Phone: (H) _____ (W) _____

I would like to receive the Crisis Center's monthly electronic newsletter: ____ Yes ____ No



These questions act as an initial screening process so that we can gauge your interest in being a volunteer. All responses are confidential and will only be used by staff coordinating volunteers.

1. How did you hear about the Crisis Center's volunteer program?

2. What experiences have you had that you believe would enhance your volunteering?

3. Volunteering with the Crisis Center often involves work with our clients. Is there anything that may hinder you from being able to engage with the women?

Your Signature: _____ **Date:** _____

**Please return this application to:
Volunteer Coordinator
Crisis Center for South Suburbia
P.O. Box 39
Tinley Park, IL 60477**

When we receive your completed application, we will contact you regarding our next volunteer orientation and training. Thank you for your interest in volunteering at the Crisis Center. Please call us at 708-429-7255 x145 if you have any questions.

The Crisis Center **does not** allow volunteers seeking to fulfill court mandated community service requirements.