



A Safe Haven For Adolescent Mothers Ltd. (ASHFAM) Volunteer Application

Application Date _____

Volunteer Position Sought (See Website for available positions)

Availability & Commitment (Time commitment to the organization?)

Name

Home Address

Work Phone _____

Home Phone _____

EDUCATION

Highest Level of Education

EMPLOYMENT

Current Employer, if applicable:

Position/Title

Dates of Employment (starting, ending)

Company/Employer

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement? No _____ Yes _____

SKILLS & EXPERIENCE

Special training, skills, hobbies

Groups, clubs, organizational memberships

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer in the field of [description of field, e.g., crisis pregnancy, child care services, youth education, etc.]?

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Have you attached your criminal record check? No ____ Yes ____

Do you have a driver's license? No ____ Yes ____

Do you have car insurance? No ____ Yes ____

Do you have a car available for transporting others? No ____ Yes ____

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with A Safe Haven For Adolescent Mothers Ltd. (ASHFAM) that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by A Safe Haven For Adolescent Mothers Ltd. (ASHFAM). I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with A Safe Haven For Adolescent Mothers Ltd. (ASHFAM) or my termination as a volunteer.

Applicant Name _____

Signature _____ Date _____