



Volunteer Application

Name:

Date:

Email Address:

Date of Birth:

Pronouns:

Physical Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Alt Telephone:

Emergency Contact Information:

Name:

Relationship:

Telephone:

I agree to a criminal background check

I agree to sign a confidentiality waiver

Volunteer Schedule:

Begins:

Ends:

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Prior volunteer experience:

Volunteer goals/learning objectives? Skills you hope to practice:

I am most interested in interning in:

Housing Department

Advocacy Department

Administrative Department

Prevention/Intervention Department

Why did you choose Safe Voices and how did you hear about us:

Please submit this application with background check consent forms and confidentiality agreement to Emily Mitchell, Development Operations Coordinator, emitchell@safevoices.org.

CONFIDENTIALITY STATEMENT

I, _____, a visitor, volunteer, intern or other individual at Safe Voices, understand and agree that any information viewed, disclosed or otherwise learned regarding shelter residents or individuals served is confidential and protected by state and/or other federal law. I understand that if I disclose such information outside of Safe Voices, or in an inappropriate manner, I may be subject to disciplinary action, restricted from access, which may limit future involvement or services or I may be reported to the Maine State Department of Health and Human Services.