



## Volunteer Application

If you have received shelter or services/assistance (including support groups) from any domestic violence agency or, if you have been a domestic violence victim within the past year, please contact Sheila Collins at [info@thehomeofnewbeginnings.org](mailto:info@thehomeofnewbeginnings.org)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Highest Level of Education

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> High School        | <input type="checkbox"/> Some College |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Vocational   |

What areas are you interested in volunteering and how many years of experience do you have?  
Fill in all that apply.

VOLUNTEER OPPORTUNITY	YEARS OF EXPERIENCE	LIST PRIORITY LEVEL 1-5
<b>OPERATIONS</b>		
<input type="checkbox"/> Housekeeping		
<input type="checkbox"/> Inventory Keeper		
<input type="checkbox"/> Receptionist		
<input type="checkbox"/> In-house Events/Gatherings		
<input type="checkbox"/> Security		
<input type="checkbox"/> Landscaping/Yardwork		
<input type="checkbox"/> Fundraising		
<input type="checkbox"/> Grant/Proposal Writing		
<input type="checkbox"/> Grant/Proposal Research		
<input type="checkbox"/> Donation Pick up		
<input type="checkbox"/> Transportation		



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<input type="checkbox"/> Child Care		
<b>MARKETING</b>		
<input type="checkbox"/> Social Media		
<input type="checkbox"/> Public Relations		
<input type="checkbox"/> Promotions		
<input type="checkbox"/> Event Planning		
<b>PROGRAM DEVELOPMENT</b>		
<b>FACILITATING WORKSHOPS</b>		
<input type="checkbox"/> Financial Literacy		
<input type="checkbox"/> Entrepreneurship		
<input type="checkbox"/> Technology		
<input type="checkbox"/> Life Skills		
<input type="checkbox"/> Education		
<input type="checkbox"/> Career Development		
<b>TUTOR</b>		
<input type="checkbox"/> Math		
<input type="checkbox"/> Reading		
<input type="checkbox"/> Foreign Language		
<input type="checkbox"/> Writing		
<input type="checkbox"/> History		
<b>OTHER</b>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

1. Do you need community service hours or college credit for volunteering?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. What hours are you interested in volunteering?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

*The Home of*  
NEW BEGINNINGS   
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3. How often are you interested in volunteering?

Daily \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Occasionally \_\_\_\_\_

4. Are you available to volunteer overnight?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what days and times? \_\_\_\_\_

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5. Are you willing to submit to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please describe any educational courses, volunteer work, life experiences, or work positions that you feel qualify you to be an advocate.

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7. What would like to share about yourself that you feel would make you an asset to the program? \_\_\_\_\_

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8. What concerns do you have about becoming a part of this program? \_\_\_\_\_

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9. What would you like to gain from this experience? \_\_\_\_\_

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10. Are you willing to promote the Home of New Beginnings in person, social media, and through fundraising? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Is there anything else you would like us to know about you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please list two (2) references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge and belief. I understand that willful misrepresentation or omission of facts may prevent my serving as a volunteer. I release all persons and agencies from any and, all liability that may be incurred as a result of obtaining and using this information.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date