

REFERENCES: List three (3) references not related to you:

(Name)	(Address)	(Phone No.)
(Name)	(Address)	(Phone No.)
(Name)	(Address)	(Phone No.)

How did you hear about our volunteer program _____

Why are you interested in doing volunteer work with us? _____

What additional skills and strengths would you like to develop as an outcome of your experience with this volunteer program? _____

As a volunteer, you may be working with clients of different ethnic and socio-economic backgrounds. Sometimes clients may have values or beliefs quite different from you own. Please describe why this will or will not present a difficulty or adjustment for you as a service provider. _____

Is there anything else we should know/comments? _____

VOLUNTEER TIME COMMITMENT

Will you be able to attend the 30—40 hours of required training for your volunteering interest in addition to the regularly scheduled volunteer time? _____

Will you be able to attend regular monthly volunteer meetings? _____

If a volunteer advocate, are you able to commit yourself to being on-call on a given day per-week? _____ If no, please explain your limitations and the length of time/commitment that you are able to make: _____

If a volunteer crisis worker, are you able to commit yourself to volunteering a minimum of 4 hours per week for 9 months?_____ If no, please explain your limitations and the length of time/commitment that you are able to make: _____

VOLUNTEER TIME PREFERENCE

Every effort is made to accommodate the preference of applicants. However, we must try as best we can to schedule in advance in order to cover the 24 hours per day, 7 days a week, required for the nature of this type of work. Below, please check each time(s) and day(s) you would be able to work.

Mon. ___ Tue. ___ Wed. ___ Thur. ___ Fri. ___ Sat. ___ Sun. ___

Holidays ___ Mornings ___ Afternoons ___ Evenings ___

Please check the areas of service that interest you.

___ Crisis Line Worker

___ Sheriff Dept. Victim Services Unit

___ Youth activities

___ Publicity

___ Statistics

___ Building maintenance/ recycling

___ Typing/Filing/Office Skills

___ Fundraising

___ Legal/Grant Research

___ SART/SANE Advocate (Sexual Assault Response Team)

___ Newsletter (graphics, writing, etc.)

AUTHORIZATION FOR RECORD CHECK

In consideration of Dial Help and/or the Houghton County Sheriff's Office considering me for their volunteer programs, I hereby authorize Dial Help, and the Sheriff's Office, their employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history and other related matters as may be necessary to determine my suitability for these volunteer programs. I hereby waive my right to privacy and release employers, schools and/or persons from any and all liability in responding to inquiries in connection with my Volunteer Application.

In the event of my acceptance to the Volunteer Program, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Knowingly and voluntarily given,

Signature

Date

Printed Name

Witness

Please return this form to:

**Volunteer Program
Dial Help, Inc.
609 Shelden Ave.
Houghton, MI 49931**