

# A Child's Haven Volunteer Application

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

*Indicate by checkmark your preferred location, email or phone for A Child's Haven contact.*

- Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Home Phone: \_\_\_\_\_
- Cell: \_\_\_\_\_
- Home Email: \_\_\_\_\_ (Fax) \_\_\_\_\_
  
- Employer: \_\_\_\_\_
- Employer Address: \_\_\_\_\_
- Employer Phone: \_\_\_\_\_
- Employer Email: \_\_\_\_\_

**Organization/Affiliation (if applicable):** \_\_\_\_\_

**Organization Contact (if applicable):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## I. Skills and Interest

- A. Education background: \_\_\_\_\_
- B. Occupation: \_\_\_\_\_
- C. Hobbies: \_\_\_\_\_
- D. Skills: \_\_\_\_\_
- E. Interests: \_\_\_\_\_
- F. Previous volunteer experience(s): \_\_\_\_\_

## II. Preferences in Volunteering

Is there a particular type of volunteer work in which you are interested?

(Please check all that apply.)

- Working directly with children
- Performing clerical and office duties
- Working directly with families
- Helping with fundraising activities
- Helping with community awareness activities
- Working occasionally on group projects
- Sponsoring a drive such as diaper, food & clothing
- Share a talent, teach a skill
- No preference
- Other: \_\_\_\_\_

## III. Availability

At what times are you interested in volunteering?

- Am flexible
- Prefer mornings
- Prefer afternoons
- Prefer nights
- Weekends

IV. Background Verification

Have you ever been convicted of a criminal offence?

- Yes
- No

Have you ever been charged with neglect, abuse or assault?

- Yes
- No

Has your driver's license ever been suspended or revoked in any state?

- Yes
- No

Do you use illegal drugs?

- Yes
- No

IV. Background Verification (continued)

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- Yes
- No

If so, please explain; \_\_\_\_\_

\_\_\_\_\_

Please list two non-family references that we might contact:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address/City/State/Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address/City/State/Zip \_\_\_\_\_

V. Public Awareness

How did you hear about us?

- Job description
- Advertisement
- Referred by friend/volunteer
- From agency
- Other: \_\_\_\_\_
- Would you like to receive volunteer opportunities periodically through your e-mail address?

Return to: Angela Petri-Giacometti, Director of Volunteer Services  
 A Child's Haven  
 1124 Rutherford Road  
 Greenville, SC 29609  
 Phone: (864) 298-0025, ext. 16, Fax: (864) 298-0045  
 Email: [angelap@achildshaven.org](mailto:angelap@achildshaven.org)