

A Child's Haven Volunteer Application



Date:		
Last Name:	First Name:	Birth date:

<i>Indicate by checkmark your preferred location, email or phone for A Child's Haven to contact you.</i>	
<input type="checkbox"/> Home	<input type="checkbox"/> Work
Complete Address:	Employer:
Phone:	Complete Address:
Cell Phone:	Phone:
Email:	Email:

Organization/Affiliation (if applicable):			
Organization Contact :		Phone:	

Emergency Contact		Relationship:
Name:	Phone:	

Skills and Interests	
Education Background:	
Occupation:	
Hobbies:	
Skills:	
Interests:	
Previous Volunteer Experience:	

Preferences in Volunteering	
Is there a particular type of volunteer work in which you are interested? (check all that apply)	
<input type="checkbox"/> Working directly with children	<input type="checkbox"/> Helping with community awareness activities
<input type="checkbox"/> Clerical and Office duties	<input type="checkbox"/> Working occasionally on group projects
<input type="checkbox"/> Working directly with families	<input type="checkbox"/> Sponsoring a drive such as diaper, food & clothing
<input type="checkbox"/> Helping with fundraising activities	<input type="checkbox"/> Share a talent, teach a skill
<input type="checkbox"/> No preference	
<input type="checkbox"/> Other:	

Availability	
At what times are you interested in volunteering? (check all that apply)	
<input type="checkbox"/> Flexible	
<input type="checkbox"/> Weekday morning	
<input type="checkbox"/> Weekday afternoon	
<input type="checkbox"/> Weekday evening	
<input type="checkbox"/> Weekends	

Background Verification	
Have you ever been convicted of a criminal offence?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with neglect, abuse or assault?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your driver's license ever been suspended or revoked in any state?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use illegal drugs?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please explain:	

References (non-family members)	
Name:	Phone:
Address:	Email:
Name:	Phone:
Address:	Email:

Public Awareness	
How did you hear about us?	
<input type="checkbox"/> Job description	<input type="checkbox"/> Advertisement / Social Media
<input type="checkbox"/> Referred by a friend/volunteer	<input type="checkbox"/> From agency
<input type="checkbox"/> Other:	
<input type="checkbox"/> Would you like to receive volunteer opportunities periodically through your email address?	

Thank you for your time in completing this form and for your interest in A Child's Haven!!

Please return to: Jennifer McGuffee, Community Engagement Specialist
A Child's Haven
20 Martin Drive
Greenville, SC 29617
(864) 298-0025 Ext. 2019 Fax (864) 298-0045 Email: jenniferm@achildshaven.org