

# Peaceful Paths Volunteer Application

Last Name	Legal First Name	Middle Name
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Preferred First Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

## Home Address

Street Address	Apartment Number	
City	State	Zip
Home Phone Number	Business/Cell Phone Number	E-Mail

I prefer to be reached by:  Home Phone  Business/Cell Phone  E-mail

Is anyone else at this address a volunteer here? No  Yes  If yes, provide name: \_\_\_\_\_

Have you ever been a volunteer with us before? No  Yes  If yes, when? \_\_\_\_\_

## Personal Information

Date of Birth	Driver's License Number	I am age 18 or older: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(you must be 18 years of age or older to volunteer)</i>
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## Education (check all that apply)

<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Undergraduate work/degree
School _____
Major _____
<input type="checkbox"/> Graduate/Work degree
School _____
Program _____

## Employment Information

I am:  Employed  Un-employed  Retired  Student

Employer's Name (or school)
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Occupation
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## Language

Do you speak another language? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what language(s)? _____

## Medical Information

Do you have any needs for reasonable accommodations during your volunteer duties? Yes  No

If Yes, Please Explain:
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**Programs I am interested in include:**

(You are not limited to any one program and are not required to choose a program at this time)

-Outreach Advocacy	-Outreach Adult Support Groups	-Violence Prevention/Youth Education
-Administrative Support	-Child and Youth Programming	-Shelter Advocacy
-Restraining Order Assistance Program (ROAP)		-Shelter Adult Support Groups
-Financial Literacy	-Special Events/Fundraising	-Community Awareness/Tabling
-No Client Contact Desired	-Adult or Child Mentor	-Other _____

**Availability:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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**Length of time you could commit to volunteer/intern:** \_\_\_\_\_

**How did you find out about our volunteer program and why would you like to volunteer with our agency? Would you like to share any experience, either professional or personal, you may have? If so, how do you believe it would contribute to or enhance your work with Peaceful Paths?**

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer or intern.

Applicant's Signature \_\_\_\_\_

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