



NORTH CENTRAL INDIANA RURAL
Crisis Center

Volunteer Application

Thank you for your interest in the Crisis Center Volunteer Program! We do not discriminate based on race, color, creed, national origin, age, sex or disability nor do we discriminate in hiring procedures, transfers, terminations, discipline and selection for training. Our policies are administered based on your qualifications based on your qualifications, experience, and performance in your volunteer work.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Occupation: _____ Work Phone: _____

Education (circle last year completed)

High School: 1 2 3 4

College: 1 2 3 4

Graduate: 1 2 3 4

Degrees/Certifications: _____

Foreign Language Skills: _____

Special Interests, Skills, Hobbies, Organizational Activities: _____

Interested in Volunteering For (check all the apply):

General Office Duties

Sort Donations

In-shelter child-care

Transporting Clients

Moving Furniture

Landscaping/Gardening

House Cleaning

Fundraising

Answering Crisis Hotline

Special Events

Short-term projects

Leading Women's Groups

Leading Children's Groups

Cooking/Meals

Other (please specify)

Previous Volunteer Experience: _____

CRISIS CENTER services are partially funded by SSBG, DVPT, FFV, VOCA/ICJI, SOS, ESG and county monies



How did you become aware of volunteer opportunities at the Crisis Center?

Days and Hours Available

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Please list three personal/professional references:

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

If your interest is in providing transportation for clients, do you have a good driving record?

Yes No N/A

Have you been charged with a felony? Yes No

If yes, please explain: _____

Have you ever been, or are you now a victim of domestic violence/sexual assault?

Yes No If yes, what year? _____

Additional Comments: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Phone Number: _____

My signature indicates that I understand a criminal history background check must be completed prior to volunteering.

Volunteer Signature

Date

Return this completed application to: **crisiscenter87@gmail.com** or **P.O. Box 212, Rensselaer, IN 47978**