



29 Central Ave.
Waterbury, CT 06702
203-575-0388

Volunteer Application

Date: _____

Name: _____

Address: _____ City, State Zip: _____

Phone: _____ Email: _____

Current occupation/employer: _____

What is the best way to contact you between 8:30 – 4:00? _____

When are you available to volunteer? *(Please check all that apply)*

I am available: Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once a week More than once a week
 One time only As needed Other _____

Area(s) of interest *(Please check all that apply)*

Sexual Assault Hotline Other Direct Service Special Events/Fundraising

Do you have any special skills that you could share with our clients or employees? *(ex: computer skills, graphic design skills, artistic skills, budgeting, etc.)* _____

How long of a commitment are you able to make? 6 months 1 year more than 1 year

Do you speak a foreign language? Yes No Language & fluency _____

Do you have a valid Driver's License? Yes No Do you have a car? Yes No

Have you ever been convicted of a crime? Yes No

By submitting this application electronically you are granting Safe Haven of Greater Waterbury permission to perform the relevant background checks.

By signing below, you are granting Safe Haven of Greater Waterbury permission to perform the relevant background checks.

Signature

Date