

Crime Survivors, Inc. Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Interests

Tell us in which areas you are interested in volunteering

- Events
- Fundraising
- Community Outreach
- Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Current Employment Information

Company Name	
Street Address	
City ST ZIP Code	
Phone	
Supervisor Name	

Reference #1

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship to Reference	

Reference #2

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship to Reference	

School Information (if applicable for internship or graduation requirement)

School Name	
Street Address	
City ST ZIP Code	
Phone	
Contact Name	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please be advised you may be asked to submit to a full background check prior to volunteering with Crime Survivors, Inc..