



S.A.D.E.'S Hope Inc.

Volunteer Application

First Name: _____

Last Name: _____

Address: _____

City/State/Zip _____

Telephone _____

Email _____

Date of Birth: Month ___ Year _____

Personal Information (please circle correct response):

Gender: Male Female

Education (highest level completed- please circle)

High School

College Degree

Business/Vocational

Occupation: _____ List previous volunteer experience: _____

Skills that you would like to offer to assist S.A.D.E.'s Hope's operations or Domestic Violence victims and survivors

1. _____
2. _____
3. _____

Languages (please indicate Fluent, Read, Write or All) 1. _____ () 2. _____ () 3. _____ ()

Volunteer availability: (Circle all applicable)

Number of Hours per day: _____ Friday Saturday Sunday

Community Service Projects Online Assistance (helping with social media pages)

(optional) Have you ever been a victim/survivor of Domestic Violence? ___ yes ___no

S.A.D.E.'s Hope provides assistance to anyone regardless of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability or genetic information.

(Signature Volunteer)

(Date)

(Signature/Staff)

(Date)