



VOLUNTEER APPLICATION

TODAY'S

DATE _____ D.O.B. _____

NAME _____

ADDRESS _____

SECOND ADDRESS _____

PHONE NUMBER _____ CELL _____

EMAIL _____

I am interested in (check as many as you want)

Working in the shelter & covering the hotlines.

Working with children (counseling/advocacy)

Helping to facilitate group support

Helping with community education/prevention

Non direct service (housekeeping)

Non direct service (paperwork)

Clinton County Women's
Center

Hilton SAFE House

34 West Main Street

Lock Haven, PA 17745

(570)748-9509 or (570)
748-2270

Hotline: (570)748-9509

When are you available? (Daytime, evening, overnights, weekends)

How many hours per month would you be willing to volunteer?

What are you hoping to gain for yourself from volunteering?

Is this required for a class or community service? _____ If so when do you expect to graduate? _____

References:

(List two personal or professional references that are not related to you.)

Name _____ Name _____

Phone Number _____ Phone Number _____

On the back briefly describe volunteer, education, work, or life experience you've had which you feel will help you as a volunteer.