

Laurens County Safe Home  
Volunteer Application

We would like to thank you for your willingness to volunteer at our agency. Before you begin your volunteer services with our agency, we ask that you provide us with some basic information about yourself. This information will be used to help us make an informed decision about how to best use your time and talents.

General Information:

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Conditions:

Please list any and all health conditions you have:

Are you able to lift heavy items? Yes No

Criminal Background:

Have you ever been convicted of a crime? Yes No

If yes, please state the crime and the date that you were convicted

Educational Background:

\_ Less than High School

\_ Current Student if so where?

High School Graduate GED  
   Some College/Technical School  
   College/ Technical School Graduate if so, what was your Major/topic of studies

Work Information:

Are you currently employed?    Yes   No  
If so, where are you employed?  
Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Contact number(s) \_\_\_\_\_ or \_\_\_\_\_  
Length of time you have been with your current employer \_\_\_\_\_

Community Service Volunteers

Hours of Service to perform \_\_\_\_\_ Date to be completed \_\_\_\_\_  
Office to report to \_\_\_\_\_ Contact Person \_\_\_\_\_  
Reason \_\_\_\_\_

Availability:

Please list the times you are available beside the days listed below:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

Please let us know what service(s) you are interested in providing. If you are unsure of what you would like to do, please list special talents or skills you have plus, what job skills or previous volunteer services you have performed in the past. This will assist us in finding your special place at the SAFE Home or” Our Little Shop”.

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Release of Liability and Consent

**The Laurens County SAFE Home is a non-profit agency that provides services to victims of domestic violence and their families. The Services provided by this agency are confidential and free. Volunteers often have one to one contact with these clients and or their children. Our clients deserve the utmost respect and to be treated fairly. All staff and volunteers are here to listen to these clients with empathy but not to pass judgment on them or give advice.**

I understand that I will not receive any compensation for any services I provide. I also understand that all of the services which I provide are volunteer services to the SAFE Home and/or Our Little Shop.

I agree to keep all information pertaining to the clients of the SAFE Home strictly confidential. All information about the client's identity, history, and situation will be kept in the strictest confidence.

I agree to keep the location of the SAFE Home confidential. I also agree that all information about the SAFE Home and Our Little Shop will remain confidential. All events which occur will not be discussed out side of the SAFE Home.

I agree to submit to a criminal background check, a DSS background check and a random drug test.

The SAFE Home and Our Little Shop reserves the right to reject any volunteer application if there has ever been a conviction of domestic violence, sexual assault, assault and battery, burglary and theft or child abuse. We also reserve the right to reject an application for any reason that is or has been deemed as appropriate.

The SAFE Home and Our Little Shop does not discriminate against sex, age, race, creed, nationality, religion, handicap, or disability.

I acknowledge that I have read the rules for volunteer services for the Laurens County SAFE Home and Our Little Shop. I acknowledge that any and all conditions stated will apply to me.

I agree that the SAFE Home and/or Our Little Shop is not responsible for any accident of injury that may occur during my volunteer services.

By signing this document, I am stating that I have fully read and have agreed to all the above statement.

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Volunteer Signature

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Date:

Staff Signature

Date: