

MY SISTERS' PLACE

S.A.F.E.R. Volunteer Application

Incomplete applications **will not** be reviewed
All Volunteer applicants must be 14-18 years old

Name: _____ How Do You Identify: (check one) Female Male

Age: (check one) 14 15 16 17 18

How Do You Identify: (check one)

African-American / non-Hispanic Asian / Pacific Islander American Indian

Hispanic / Latino Caucasian / non-Hispanic other _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School you attend: _____ Grade: _____

What position are you applying for: (Check all that apply)

Individual Volunteer Jr. Facilitator Volunteer

Can you get to trainings, meetings and events (Check one) Yes No

**D.V.E.P can not legally provide transportation*

Will you need proof of your volunteer hours?(Check one) Yes No

If yes, please explain

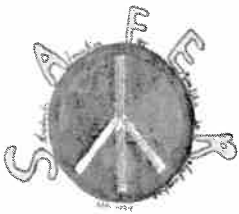
Do you speak any foreign language(s)? (Check one) Yes No

Language(s): _____ Sign Language: (check one) Yes No

How did you hear about S.A.F.E.R.? (Check one)

DVEP Presentation Friend Teacher/Counselor Other _____





MY SISTERS' PLACE

Have you volunteered with S.A.F.E.R. before? (Check one) Yes No

If yes, Position: _____

Start date (mm /dd / yy): _____ End date (mm/dd / yy): _____

Have you volunteered with My Sisters' Place before? (Check one) Yes No

If yes, Position: _____

Start date (mm /dd / yy): _____ End date (mm /dd /yy): _____

Why do you want to be a S.A.F.E.R. Volunteer?

What strengths will you bring to S.A.F.E.R.?

What things would you like to improve on about yourself?

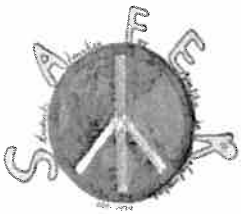
If you could be any one candy what would it be?

PLEASE READ CAREFULLY

I, (print name) _____ understand that the submission of this application does not ensure a position as a S.A.F.E.R. volunteer. I authorize D.V.E.P., and My Sisters' Place, staff to contact all persons listed in this application regarding, but not limited to, my involvement as a S.A.F.E.R. volunteer. If accepted I agree to participate in all S.A.F.E.R. programming as outlined in the S.A.F.E.R. Volunteer Description and adhere to all contract obligations and applicable My Sisters' Place policies and procedures.

Applicant's Signature _____ Date _____





MY SISTERS' PLACE

Confidential Reference Check Form

TO THE APPLICANT: Please provide **two** References: Personal, Academic, and Professional who has known you for one year or longer. We recommend: mentor, teacher, social worker, guidance counselor, student assistance counselor, school resource officer, principal, assistant principal, dean, coach or employer. **References by relatives WILL NOT be considered.** Have the references fill out the form below and return it to you. Please attach your three reference forms to your completed application. **Applications submitted without 2 Reference Forms WILL NOT be considered.**

I _____ authorize _____
 (Applicant's name/please print) (Name of Reference)
 to provide D.V.E.P. staff with information relevant to my application to become a S.A.F.E.R. volunteer.

Applicant Signature _____ Date _____

TO BE COMPLETED BY THE REFERENCE

The person above is applying to be a S.A.F.E.R. volunteer. S.A.F.E.R. is an extension of the Domestic Violence Education and Prevention Program (D.V.E.P.) at My Sisters' Place, a domestic violence agency in Westchester County. We look forward to learning about your experience with this applicant and greatly value your input. Please complete this form and return it to the candidate for submission with their application.

What is your relationship to the applicant? (check one)

- Mentor Teacher Social Worker Guidance Counselor Student Assistance Counselor Dean Coach
 School Resource Officer Principal Assistant Principal Employer Other _____

How well do you know the applicant? (check one)

- Very Well Well Casually

How long have you known the applicant? _____(Years) _____(Months)

Please rate the applicant to the best of your knowledge with respect to each of the following:

(1 being the least qualified and 10 being the most qualified.)

Maturity	1	2	3	4	5	6	7	8	9	10
Responsibility	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Dependability	1	2	3	4	5	6	7	8	9	10
Team Work	1	2	3	4	5	6	7	8	9	10
Patience	1	2	3	4	5	6	7	8	9	10
Good Judgment	1	2	3	4	5	6	7	8	9	10
Works well w/ Children	1	2	3	4	5	6	7	8	9	10

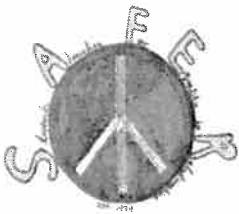
Is there anything we haven't asked that you would like to share about this applicant?

Signature: _____ Print Name: _____ Phone: _____

Company/ School: _____ Title: _____ Date: _____

Personal References: "Company/School" & "Title" do not apply to you





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