



safety support awareness

Special Project Volunteer

Contact Information

First Name Middle Initial Last Name

Street Address City State Zip

Home Phone Work Phone Email Address

Birthday (month/day/year) Social Security Number

Place of Employment Job Title Supervisor

Emergency Contact Person (Name, address, phone #)

Educational Background

High School Attended _____

Diploma/GED received? Yes No If YES, date received _____

College Attended _____ Major _____

Degree received? Yes No If YES, date received _____

Please list the name of your Church, Synagogue, and or Temple etc:

Some of our funding comes from Faith-Based organizations. They are interested whether their members are volunteers with Interact.

Please indicate the times your are available and prefer to do volunteer work:

Morning Afternoon Evening Overnight Weekend

Have you ever used any of Interacts services? Yes No

If YES, which Interact service(s) have you used? (Please mark all that apply)

Counseling Support Groups Shelter Court Advocacy SAFE Center

When were you involved with Interacts services? _____

Have you ever been charged or convicted of a crime? Yes No

If YES, please explain

Please list three contacts for references. List one professional and two people you have know for a while other than family

Name	Relation to you	Address/telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reference Consent

I do hereby authorize Interact to verify any representations made by me, whether oral or written, concerning my application for the position of volunteer/intern. Further, I hold harmless any individual or firm for any information they may provide. I understand that Interact may contact individuals or organizations other than those I have provided as references, or Interact may contact those organizations with information which may be pertinent to my application for this position.

Signature _____ Date _____