



The Safe Haven Thrift Store is a fun, boutique style thrift store selling housewares, clothing, furniture and a variety of surprises! All proceeds benefit our domestic violence shelter and client services in Pender and Duplin County.

Are you interested in promoting our mission? There are many opportunities to get involved. Whether you have a little time once a month, or a lot of time every week, we'd love to have you join our team!

It is the policy of Safe Haven of Pender, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

### **VOLUNTEER APPLICATION FOR SAFE HAVEN OF PENDER, INC.**

Name\_\_\_\_\_

Address\_\_\_\_\_

Mobile Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

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

Preferred Method of Contact   ☐ Mobile Phone   ☐ Home Phone   ☐ Text   ☐ Email

Date of Birth (optional) \_\_\_\_\_

Gender (optional) \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

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

Address\_\_\_\_\_

Mobile Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

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

## HOBBIES, TALENTS, SPECIAL INTERESTS

☐ Painting

☐ Construction

☐ Merchandising

☐ Furniture Refinishing

☐ Crafting

☐ Other \_\_\_\_\_

## AVAILABILITY

☐ Weekday Mornings

☐ Saturday Mornings

☐ Weekday Afternoons

☐ Saturday Afternoons

Have you ever been arrested or convicted of a criminal offense, other than minor traffic violations? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Please list any health conditions that affect your volunteer work – including any head, neck, back, joint, or heart issues, and any allergies. Please notify and inform a staff person if any protocol is required in case of an emergency, such as epi-pen injections, insulin shots, etc.

\_\_\_\_\_  
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email completed form to [storemanager@safehavenofpender.com](mailto:storemanager@safehavenofpender.com) or drop off at the store.

## **VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY**

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services at Safe Haven of Pender, Inc. I, \_\_\_\_\_, recognize that, as a volunteer, I represent Safe Haven of Pender, Inc. to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

\_\_\_\_\_ (Initial) I will not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization, including employees, volunteers, clients and visitors.

\_\_\_\_\_ (Initial) I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information.

\_\_\_\_\_ (Initial) I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur.

\_\_\_\_\_ (Initial) I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: cuts, burns, allergic reactions, back injury from lifting, car accidents, falls, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.

\_\_\_\_\_ (Initial) I agree that my assignees, heirs, distributes, guardians and other legal representative will not make a claim against or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer.

\_\_\_\_\_ (Initial) I hereby release Safe Haven of Pender, Inc., its Board of Directors, management, staff, and volunteers from all actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. I have read this agreement and understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature: \_\_\_\_\_ Date \_\_\_\_\_