



Safe Haven of Pender, Inc. provides food, clothing, shelter, services, and referrals to women, children, and men, who are the victims of domestic violence and/or family violence. Services are provided regardless of immigration status, age, physical or mental ability, race, creed, sexual orientation, or religious orientation.

**As an agency we seek:**

- ✓ To serve as a center for which groups and individuals can address the concerns for victims of domestic violence.
- ✓ To empower victims of domestic violence.
- ✓ To reduce occurrences of domestic violence.
- ✓ To enhance available services and systems for victims including, but not limited to, emergency shelter, food and clothing, crisis intervention, counseling, legal advocacy, medical and mental health concerns.
- ✓ To heighten the public awareness of domestic violence through community & school education.
- ✓ To hold the abuser accountable for his/her actions.

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!

**SHELTER 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) \_\_\_\_\_

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.

\_\_\_\_\_  
What experience do you hope to gain through volunteering? \_\_\_\_\_

\_\_\_\_\_  
Do you have any personal experience with domestic violence? \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

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

Address \_\_\_\_\_

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

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

#### AREAS OF INTEREST

Co-facilitate empowerment sessions  Answer Crisis Hotline

Licensed Counseling/Therapy Services  Provide Transportation

Children's Services: assist residents  Court Advocacy  
with children during meals and other busy times  
of the day

Coordinate DV/SV Awareness Events  Other: \_\_\_\_\_

#### AVAILABILITY

Weekday Mornings  Weekend Mornings

Weekday Afternoons  Weekend Afternoons

Weekday Evenings  Weekend Evenings

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 Felicia Greene at [fgreene@safehavenofpender.com](mailto:fgreene@safehavenofpender.com); or send via US Postal Service to Safe Haven of Pender, Inc., PO Box 657, Burgaw, NC 28425.

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 of disability.

#### **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 \_\_\_\_\_