



Volunteer Application

All information on this form will be kept confidential. Please respond as accurately as possible.

MAIL TO: Survivors, Inc., PO Box 3572, Gettysburg, PA 17325

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone (optional): _____ Email Address: _____

EMERGENCY CONTACT

Name: _____

Relationship To You: _____ Phone Number: _____

QUESTIONNAIRE

Are you over 18 years of age?: _____ Education Level Completed: _____

Employer (optional): _____

Volunteers interested in providing services to clients must complete a 64 hour training class. These classes are held on eight consecutive Saturdays in the fall and spring. What might interfere with your ability to attend these sessions? _____

How did you learn about Survivors, Inc? _____

Please list any skills you would contribute as a volunteer? _____

Tell us about your interest in working with victims of domestic or sexual abuse? _____

What expectations do you have about Survivors, Inc. or our volunteer program? _____

What do you hope to gain from this experience? _____

References

List 3 references not living in your household or in your immediate family:

1st Name: _____ Phone Number: _____

Relationship: _____ How Long? _____

2nd Name: _____ Phone Number: _____

Relationship: _____ How Long? _____

3rd Name: _____ Phone Number: _____

Relationship: _____ How Long? _____