

Crossroads Crisis Center
Shelter Volunteer Application

Date: _____

Name: _____

Address: _____ Phone: _____

Are you currently employed?: _____

If yes, where?: _____ Phone: _____

How did you hear about our program?: _____

Educational Background: _____

Previous volunteer experience: _____

Special skills: _____

What interests you about volunteering at Crossroads Crisis Center? _____

What do you think you will gain from your experience at Crossroads Crisis Center?

Have you ever been convicted of a misdemeanor or felony crime? _____
(do not include minor traffic offenses.)

If yes, please explain. _____

Have you ever been a victim or Domestic Violence? _____

If yes, how long ago? _____

How many hours a week/month would you be able to volunteer? _____

References – no relatives please

1.
Name _____

Address _____

Phone _____

How do you know this person?

2.
Name _____

Address _____

Phone _____

How do you know this person?

3.
Name _____

Address _____

Phone _____

How do you know this person?