



## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name/Other Names Used: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Box/Apt: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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### Skills/Qualifications/Previous Volunteer Experience

Please summarize any previous volunteer experience, skills, and qualifications that may be relevant to our volunteer opportunities with Crossroads Crisis Center.

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### Why are you interested in volunteering at Crossroads Crisis Center?

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*Crossroads  
Crisis Center, Inc.*

## **Volunteer Application**

**This section for internship applicants only**

School Attending: \_\_\_\_\_

Major: \_\_\_\_\_ Number of Required Hours: \_\_\_\_\_

Desired Number of Hours Per Week: \_\_\_\_\_

Semester Applying For: Spring Fall Winter Summer

Name of Academic Advisor (if applicable): \_\_\_\_\_

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### **Emergency Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Box/Apt: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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I wish to volunteer for Crossroads Crisis Center. I understand that the nature of the volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified or familiar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I hereby assume complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless, and covenant not to file suit against Crossroads Crisis Center and any of their employees, board members, or volunteers from all loss, liability, or claims I may have arising out of my service as a volunteer.**

I understand that as a volunteer, I may become privy to confidential information about Crossroads Crisis Center. I agree to maintain the confidentiality of all information, including the location of the shelter, survivors', staff, or volunteers' personal information.

Print Name: \_\_\_\_\_

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