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| S:\Deirdre's House Logos\Deirdre's House Logo.jpg | Deirdre’s House8 Court StreetMorristown, NJ 07960973-631-5000www.deirdreshouse.org |

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last  | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you bilingual? | Yes [ ]  | No [ ]  | Language:  |
| Other Skills: |  |

|  |
| --- |
| Have you ever been convicted of a felony? [ ]  Yes [ ]  No: |
| If yes, please explain: |
| Have you ever been substantiated for abuse by Child Protective Services: [ ]  Yes [ ]  No |
| If yes, please explain |

## AREAS OF INTEREST

|  |  |
| --- | --- |
| [ ]  Community Awareness Volunteer (schedule/attend  community events where we can share information  about child abuse awareness) | [ ]  Volunteer for special events (Gala, golf outing,  Whiskey Tasting) |
| [ ]  Days of Caring (Corporations, community groups, and  clubs donate their time, skills at the Center) | [ ]  Seasonal Drives (Hold a drive in your community,  school, or work i.e.; snack drive, back to school  supplies, holiday drive) |
| [ ]  Pinwheel Campaign Organizer (January-April) | [ ]  Creature Comfort Team Handler (certification required) |
| [ ]  Other skill, program, or donation you would like to bring to the CAC:  Specify: |

## Availability

|  |
| --- |
| Please provide us with your availability for volunteering: |
|   |

## OTHER VOLUNTEER EXPERIENCE

|  |  |
| --- | --- |
| Name of organization: | Dates: |
| Contact Person: | Phone: | May we contact: Yes / No |
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| Contact Person: | Phone: | May we contact: Yes / No |
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| Contact Person: | Phone: | May we contact: Yes / No |
| Name of organization: | Dates: |
| Contact Person: | Phone: | May we contact: Yes / No |
| Name of organization: | Dates: |
| Contact Person: | Phone: | May we contact: Yes / No |

## EMERGENCY CONTACT INFORMATION

|  |  |
| --- | --- |
| Name: | Relationship: |
| Address: | Phone: |

|  |
| --- |
| Are you currently working, retired, etc? |
| If working, Where are you employed? |
| Are you currently in school? | Name of school? | Year? |

|  |  |
| --- | --- |
| Are there any medical conditions that you would like us to be aware of? | [ ]  Yes [ ]  No |
| If yes, briefly explain and include any special accommodations you would need to volunteer at the center: |

Statement of Understanding

***I understand that I will be subject to fingerprinting as part of a criminal background check that will be completed as part of this application process and may be conducted annually thereafter while employed at Deirdre’s House. I grant permission to Deirdre’s House to contact the references I have provided and other persons deemed necessary. I understand that Deirdre’s House may also conduct a check of my driving record through the New Jersey Motor Vehicle Commission as part of the application procedure. Deirdre’s House reserves the right to deny acceptance of any applicant without stating a reason. All information provided on this application is accurate to the best of my knowledge and remains the sole, confidential property of Deirdre’s House.***

***I hereby swear that the above information is true and valid to the best of my knowledge. I understand that any falsification of the above information may result in termination of my position with Deirdre’s House.***

Signature of applicant::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in volunteering at Deirdre’s House!

Please return the completed application via mail, email, or fax to:

Jaime Kaiser

MDT/Program Coordinator

Deirdre’s House

8 Court Street

Morristown, NJ 07960

Email: Jaime@dobcac.org

Phone: 973-285-6316

Fax: 973-829-8683