



Volunteer Application

Thank you for your interest in the Safe House for Women volunteer program.

Name: _____

First

Middle

Last

Address: _____

Phone #: _____ Email Address: _____

Why are you interested in volunteering? (charity, community service, etc.) _____

Are you age 18 or over? YES NO

Have you ever volunteered for or been employed by the Safe House for Women? YES NO

Are you willing to submit to a background check prior to volunteering? YES NO

Have you been convicted of a crime in the last 7 years? (circle one) YES NO

If yes, please explain: _____

Do you have any physical/medical limitations that require accommodation? YES NO

If yes, please explain: _____

Days/Hours Available:

Monday Time: _____ Thursday Time: _____

Tuesday Time: _____ Friday Time: _____

Wednesday Time: _____ Saturday Time: _____

Signature: _____ Date: _____

Please return to: Safe House for Women, 230 N. Spring, Cape Girardeau

Or mail to: Safe House for Women, P.O. Box 1167, Cape Girardeau, MO 63702