



Safe Berks Volunteer Application

Attn. Volunteer Coordinator
Safe Berks
255 Chestnut Street
Reading, PA 19602

Date: _____

Name: _____

Street Address: _____

City & ZIP Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

By providing my email address, I hereby give permission for Safe Berks to send me electronic notifications of volunteer opportunities and other Safe Berks news. I will be able to change my options online after receiving an email through Constant Contact. I also realize that if I do not provide an email address, I will not receive information about volunteer opportunities and special events.

DEMOGRAPHIC INFORMATION *(This information is used only to help us get a better idea of the demographic make-up of our volunteers and to determine conflicts.)*

Date of birth: _____ Age: _____ Profession: _____

How did you learn of Safe Berks?

- Safe Berks Website United Way School _____ Community member
 Social Media Other: _____

GROUP AFFILIATION

If you are volunteering as a group, you must assign a group leader.

Name of Group: _____

Name of Group Leader: _____

AVAILABILITY

Please use the grid to show your current availability to volunteer. Mark ONLY those times that you most prefer.

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

DO YOU ANTICIPATE ANY SEASONAL SCHEDULE CHANGES OR ARE ONLY AVAILABLE FOR A CERTAIN PERIOD OF TIME? (PLEASE EXPLAIN) _____

PLEASE ADVISE US IF YOU HAVE ANY CONCERNS, SPECIAL NEEDS OR LIMITATIONS: _____

ARE YOU VOLUNTEERING TO FULFILL A COMMUNITY SERVICE REQUIREMENT? Yes No



Safe Berks Volunteer Application

PLEASE CHECK THE VOLUNTEER ACTIVITIES THAT INTEREST YOU MOST:

- _____ Working with clients at the safe house
- _____ Helping with children’s programs
- _____ Child care
- _____ Presenting parenting programs
- _____ Working on the Hotline (English _____ or Spanish _____ or both _____)
- _____ Accompanying clients to court for emotional support
- _____ Providing educational topics to clients (like financial planning, etc.)
- _____ Presenting presentations to students
- _____ Providing clerical assistance (receptionist/typist/data entry)
- _____ Public speaking and representing Safe Berks in the community
- _____ Helping on the fundraising committee
- _____ Staffing information table at public health and information fairs
- _____ Helping with special events
- _____ Helping with mailings
- _____ Assisting Volunteer Coordinator
- _____ Providing advocacy at the Children’s Alliance Center
- _____ Other: please elaborate _____

Have you completed the Safe Berks 66-hour Educational Seminar (including practicum)? (this training is required for all volunteers with **direct client contact**) Yes No

OR have you completed similar training at another PA facility? DV only SV only Dual Service facility; for which agency or county? _____

Date completed: _____ or anticipated completion date: _____

(Please provide a copy of your certificate from another agency/county for your volunteer file)

If you are interested in direct client contact, are you able to commit to the 66-hour training? for daytime session (T/Th 9 AM – Noon) For evening session (M/W or Th 5:30 – 8:30 PM; some Saturday AM)

For one weekday evening/Saturday sessions (Kutztown University, beginning in January)

My work/school schedule does not allow attendance at any training right now.

EMERGENCY CONTACT:

First and Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Relationship: _____

PHOTOGRAPHS, FILMS, VIDEO OR AUDIO TAPES

I grant Safe Berks permission to use photographs, film, video or audio tapes of me or my group performing volunteer work for any purposes Safe Berks deems appropriate. Photo Permission: Yes No



Safe Berks Volunteer Application

FOR OFFICE USE ONLY:

Date of Interview _____ Interviewer _____

Action _____

NOTES: _____

_____ added to Constant Contact _____ added to Outlook _____ entered into database _____ photo taken