



OFFICE USE ONLY:

SOS SHELTER VOLUNTEER/INTERN APPLICATION

Name _____ Date _____

Address _____ Zip _____

Place of employment _____

Phone (home) _____ (work) _____ email _____

SS# _____

Vehicle available for travel yes no Will you transport residents? Yes No

License Plate # _____ Drivers License # _____

High School Graduate yes no Date of graduation _____

College attendance or graduate yes no

School Attending (interns only) _____

Degree Program: _____

Faculty Contact: _____ Contact Phone: _____

Health restrictions _____

Emergency Contact _____ Emergency Phone: _____

List courses or additional training or education _____

Work history in the past 3 years _____

Prior volunteer experience _____

List skills, experiences, talents, or interests to share in our program _____



Language Skills: Please indicate level of fluency (speak, read, write)

___ Spanish _____

___ Sign Language _____

___ Other Language _____

When could you volunteer (volunteers can work, days, evenings, weekends, holidays)?

How did you hear about the SOS Shelter volunteer program? _____

Why do you want to volunteer for SOS Shelter?

REFERENCES:

Please list the names, addresses and telephone numbers of three personal references.
Thank you.

1.

2.

3.



CONFIDENTIALITY AGREEMENT:

As a volunteer at the SOS Shelter in Broome County, I agree that I will never reveal the shelter location, or information about residents living at the Shelter. This is to protect the safety and confidentiality of the residents, staff and volunteers.

Volunteer Signature _____ Date _____

Staff Witness _____ Date _____

RELEASE OF LIABILITY

I hereby release the SOS Shelter of all liability for events that may occur while I am away from the Shelter but performing tasks for the program or its residents. Volunteers are covered for accidents that occur on the premises of the SOS Shelter.

Volunteer Signature _____ Date _____
