



## VOLUNTEER APPLICATION

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Work/School E-Mail Address: \_\_\_\_\_

Occupation/School: \_\_\_\_\_

List languages other than English: Speak \_\_\_\_\_ Read/Write \_\_\_\_\_

**Are there any accommodations needed from Henderson House to support you to be successful as a volunteer?  
If yes, please explain:**

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**Do you have special certifications, skills, training or education you would like us to know about?**

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**Why do you want to volunteer at Henderson House?**

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**Are your volunteer service hours required by your school, an internship program or through another program?**

If so, how many hours are required? \_\_\_\_\_ By what date? \_\_\_\_\_

Please send your completed application to Volunteer Coordinator Trudy Siderius: [tsiderius@hendersonhouse.org](mailto:tsiderius@hendersonhouse.org)

Volunteer Coordinator's Schedule: Monday – Thursday; 12pm – 5pm



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**Volunteer Interest Areas** (please check all that apply)

<input type="checkbox"/>	Crisis Line Response Advocate*	<input type="checkbox"/>	Ecommerce Sales Coordinator
<input type="checkbox"/>	Domestic Violence Relief Advocate*	<input type="checkbox"/>	Facilities/Grounds Maintenance
<input type="checkbox"/>	Sexual Assault Relief Advocate*	<input type="checkbox"/>	Front Desk/Administrative Support
<input type="checkbox"/>	Support Group Co-Facilitator*	<input type="checkbox"/>	Special Projects/Events
<input type="checkbox"/>	Support Group Childcare Provider	<input type="checkbox"/>	Donations Coordinator
<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Other:

\*Requires completion of a mandatory 40-hour domestic violence training prior to service. Completing the volunteer training program does not ensure direct-service advocate placement at Henderson House

**Availability** (please check boxes to mark your availability/preferred times to volunteer)

Day/Time	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please initial you have received, read and commit to assisting Henderson House (HH) in its service to survivors of domestic violence, sexual assault, stalking and human trafficking by honoring the following:**

<input type="checkbox"/>	<b>Code of Ethics</b>	<input type="checkbox"/>	<b>Harassment Policy</b>
<input type="checkbox"/>	<b>Confidentiality Agreement</b>	<input type="checkbox"/>	<b>Workplace Violence Policy</b>
<input type="checkbox"/>	<b>Conflict of Interest Policy</b>	<input type="checkbox"/>	<b>Volunteer Conflict Resolution Policy</b>
<input type="checkbox"/>	<b>Drug and Alcohol Policy</b>	<input type="checkbox"/>	<b>Criminal History Verification Policy</b>

I understand I will be required to complete and pass an Oregon Criminal History check. (Please complete Request for Oregon Criminal History Information). I further understand, the Volunteer Coordinator or Executive Director has the right and responsibility to deny my application or may ask me to resign my volunteer/intern/practicum/community service position due to violent history or other behaviors that run contrary to the mission of HH.

I understand I will be working with HH as a volunteer/intern/practicum student and do not hold the organization, any volunteer, or staff member responsible for accident or injury.

I understand I will be required to attend monthly training/volunteer meetings.

I understand I am NEVER to share the location of HH Emergency Shelter or information about HH clients outside of authorized HH staff.

I hereby acknowledge everything I have disclosed in this application is true to the best of my knowledge. I give Henderson House permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. An electronic copy, photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm all information completed within this form is true and accurate.

**Signature of Applicant**

**Date**