Project Sanctuary Volunteer Application

Please note: Project Sanctuary's policy is that if you have received services as a survivor of domestic violence and/or sexual assault within the last year, you are not eligible to apply. We acknowledge that survivors bring their own unique understanding and empathy to others who have experienced these issues, but we need to ensure that you will be safe working with people in crisis.

PERSONAL INFORMATION:

First Name:_____Last Name:_____Pronouns:_____

Birthdate:_____/_____/_____Race/Ethnicity:_____Gender:_____

Address:_____Unit/Apt#:_____City:_____Zip:_____

Email:_____Phone Number:_____☐Cell ☐Home

EMERGENCY CONTACT INFORMATION:

Contact 1:

First Name:_____Last Name:_____

Pronouns:_____

Phone Number:_____
☐Home ☐Work ☐Cell

Address:_____

City:_____State:_____Zip:_____

Contact 2:

First Name:_____Last Name:_____

Pronouns:_____

Phone Number:_____
☐Home ☐Work ☐Cell

Address:_____

City:_____State:_____Zip:_____

BACKGROUND INFORMATION:

1. Have you received services from Project Sanctuary within the last year? ☐Yes ☐No
2. Do you have a high school diploma or GED? ☐Yes ☐No
3. Do you possess any higher education degrees? ☐Yes ☐No
   If yes, please list:
   College:_____Major/Minor:_____Year Graduated:_____
   College:_____Major/Minor:_____Year Graduated:_____
4. Do you possess a valid California Driver's License? ☐Yes ☐No
5. Do you have a reliable car and car insurance? ☐Yes ☐No
6. Do you speak any other languages besides English? ☐Yes ☐No
   If yes, please list: _____

PROJECT SANCTUARY

INTEREST IN PROJECT SANCTUARY:

1. Why do you want to volunteer for Project Sanctuary?

_____

_____

_____

2. Do you have any previous volunteer experience?

_____

_____

_____

3. What are some of your strengths and skills that you could contribute to Project Sanctuary?

_____

_____

_____

4. Project Sanctuary welcomes volunteers to help answer our 24/7 crisis lines, office phone lines during business hours, provide court accompaniment, participate in outreach efforts, provide in-person response to hospitals and law enforcement calls. What type of volunteer work are you interested in?

_____

_____

_____

5. Any additional information that you would like to provide us with?

_____

_____

REFERENCES:

Please list three references, ***two professional and one personal.***

Reference 1:	Reference 2:	Reference 3:
First Name:_____	First Name:_____	First Name:_____
Last Name:_____	Last Name:_____	Last Name:_____
Relationship:_____	Relationship:_____	Relationship:_____
Phone:_____	Phone:_____	Phone:_____
☐Home ☐Work ☐Cell	☐Home ☐Work ☐Cell	☐Home ☐Work ☐Cell

PROJECT SANCTUARY

AVAILABILITY:

Indicate the days and times you are usually available to work. Please note that Project Sanctuary asks for a minimum of 1 year of service.

☐ SUNDAY	From:_____ PM	To:_____ PM
☐ MONDAY	From:_____ PM	To:_____ PM
☐ TUESDAY	From:_____ PM	To:_____ PM
☐ WEDNESDAY	From:_____ PM	To:_____ PM
☐ THURSDAY	From:_____ PM	To:_____ PM
☐ FRIDAY	From:_____ PM	To:_____ PM
☐ SATURDAY	From:_____ PM	To:_____ PM

Please include any other information about your availability that you think might be helpful.

_____

_____

WAIVER FOR BACKGROUND INVESTIGATIONS:

I,_____***(print name)*** understand that I will have to complete a background check with the Department of Justice prior to participating in Project Sanctuary's 80-hour State Certified Crisis Counselor training.

*Signature:*_____*Date:*_____

Please submit your application to chelsea@projectsanctuary.org or by mail at the following Project Sanctuary locations:

Inland Office:
564 South Dora Street, Suite A-1
Ukiah, CA 95482

Coast Office:
461 North Franklin Street
Fort Bragg, CA 95437