



Project Sanctuary Volunteer Application

Please note: If you have received services from Project Sanctuary as a domestic violence or sexual assault survivor within the last six months of applying to become a Project Sanctuary volunteer, the Volunteer Coordinator will assess your readiness to become a volunteer. 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.

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Birth Date: _____ Gender: _____ Ethnicity: _____

Email: _____ Work Phone: _____

Background Information:

High School Graduate? Yes No If Yes, year graduated: _____ If no, GED? Yes No

Community College Graduate? Yes No If Yes, Major: _____ Year Graduated: _____

Bachelor's Degree? Yes No If Yes, Major: _____ Year Graduated: _____

Post Graduate Experience: _____

Paid Work Experience: _____

Volunteer Experience: _____

Current or past experience that might help you in this work: _____

Reasons for seeking volunteer work with Project Sanctuary: _____

Besides answering the Crisis Line, what type of volunteer work are you interested in?

What evenings are you available? Please state days and hours: _____

I have received services from Project Sanctuary within the past 6 months: Yes No

Additional information you think we should know: _____

Local References: Please include names and phone numbers of three references. References can be people with whom you have contact for personal or work-related reasons. (no relatives, please)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

WAIVER FOR BACKGROUND INVESTIGATIONS

Release: Having made application with Project Sanctuary and desiring them to be informed as to my previous record and character, I hereby authorize them to investigate my past record and character, whether same is of record or not and release my present and past employers, references and all persons whomever from any charge because of furnishing said information.

Signature: _____ Date: _____

Witness: _____ Date: _____

Project Sanctuary staff will witness for you when you bring in the application.

Please submit your application to info@projectsanctuary.org or mail to one of the addresses below.

Project Sanctuary
564 S. Dora St. Ste A-1
Ukiah, CA 95482

Project Sanctuary
461 Franklin St.
Fort Bragg, CA 95437