

Hagar's Sisters

Ending the cycle of abuse through the transforming power of God

Volunteer Application

Thank you for your interest in volunteering with Hagar Sister's. Your service will make a difference in the lives of women and children working to overcome the devastation of domestic violence. All information on this form is confidential and will be shared only among Hagar's Sisters leadership as necessary.

Please print this form, complete it and return it to Hagar's Sisters, PO Box 2260, Acton, MA 01720.

Contact Information

Date
Name
Street Address
City, State, Zip
Cell Phone
Home Phone
Home Email
May we contact you at work?
Work Phone
Work E-Mail Address

Knowledge, Skills and Experience

What knowledge, skills and/or gifts do you have that could be potentially helpful to Hagar's Sisters?

<input type="checkbox"/> Childcare	<input type="checkbox"/> Newsletter Writing	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Technical Support	<input type="checkbox"/> Special Events	<input type="checkbox"/> Licensed Counselor
<input type="checkbox"/> Administrative	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Teaching	<input type="checkbox"/> Intercessory Prayer	<input type="checkbox"/> Other? _____
<input type="checkbox"/> Project Management	<input type="checkbox"/> Support Group Facilitation	_____
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Sales	_____

Please list any Domestic Violence training you have attended and the approximate date.

Organization	Training	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What professional and volunteer positions have you held most recently?

Company	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list three references:

Name	Relationship	Organization	Phone or Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Service Areas of Interest

1. _____
2. _____
3. _____

Time Commitment

Hagar's Sisters requires a 2-4 hour a week, 6 month commitment.

Can you provide this service with your current schedule? Yes No

Will you be able to attend a mandatory training? Yes No

General Questions

How did you hear about Hagar's Sisters? Please note event and approximate date.

Have you ever been convicted of a crime including sexual abuse or child abuse? Yes No

If so, please explain: _____

Confirmation

All of the information that I have shared is true and accurate to the best of my knowledge. I understand if the information is falsified that my volunteer application will not be accepted and will result in my involvement with Hagar's Sisters being terminated.

I understand that all information shared is confidential.

I give my permission for Hagar's Sisters to contact the above references and employers regarding my work history, abilities and any other information relevant to my application with Hagar's Sisters.

Hagar's Sisters does not discriminate on the basis of race, ethnicity, gender, age, religion, or sexual orientation in our hiring or employment practices of either paid staff or unpaid volunteers.

Signature: _____ Date: _____

Thank you for completing this application form and for your interest in volunteering with us.

Office Use Only

Date Referred: _____ Interviewed By: _____

Required **Completed**

Interview: _____

CORI: _____

Background Check: _____

References: _____

Comments:
