



Chrysalis Volunteer Application

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____

BIRTHDAY (month and day): _____ Are you at least 21 years of age? **YES** **NO**

OCCUPATION, COMPANY: _____

Does your workplace offer matching gifts for volunteer service hours? **YES** **NO**

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

VOLUNTEER SCREENING:

How did you learn about Chrysalis' volunteer program? _____

Why are you interested in volunteering at Chrysalis? _____

Have you ever been a client of Chrysalis? If yes, please specify when.

Please list any languages (other than English) that you speak and your level of proficiency:

What are your interests and hobbies? Please include any special skills or training you may have.

Chrysalis utilizes volunteers in many different capacities. From the list below, please circle all areas and activities of interest:

Children's Group

Learning Series

Clerical/Reception

Shelter Kitchen

Donations Pick-up and Delivery

Special Events

Other: _____

(OVER)

Preferred location for volunteering (please circle):

Shelter/Transition

Administrative Office

Can you make a 6-month commitment to volunteering at least once a month? **YES NO**

Chrysalis requires all long-term volunteers to be fingerprinted (except for work at our thrift store, Seconds 2 Go). The cost to you is \$65.00. Are you willing to be fingerprinted? **YES NO**

What is your availability for volunteering? (Please circle all that apply)

Days

Evenings

Weekends

Do you have prior volunteer experience? If so, where, and in what capacity?

REFERENCES:

Please list three people (not related to you) who we can contact as references, including at least one professional reference. Please remember to include an email address, if available.

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Please let your references know that we will be contacting them. Volunteer placement cannot take place until all references have been checked.

Please use this space to include any additional information about you that may be useful for us to know (optional):

Signature of Applicant _____ **Date** _____

<p>For Office Use Only: Date Received: _____ Contact: _____ Outcome: _____</p>
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