

HAVIN VOLUNTEER APPLICATION
HAVIN Inc.
PO Box 983 Kittanning, PA 16201

NAME _____

OVER 18: Please circle one. YES or NO

ADDRESS _____

PHONE _____ (home) _____ (work)

EMPLOYER _____

May we call you at work? _____

Why are you interested in volunteering and which volunteer opportunities most appeal to you?

What related job or volunteer work have you had? _____

What is your educational background? _____

List current memberships or involvements with other groups or organizations. _____

What special skills, abilities, or interests do you have which will make you an effective HAVIN volunteer? _____

Do you have any thoughts on why and what types of victims are abused?

Do you have any thoughts on why and what types of victims are sexually assaulted?

Why do you think perpetrators abuse and sexually assault their victims?

What are the best times for you to volunteer? _____

I understand that when I become a volunteer, all client contacts through HAVIN are absolutely confidential.

Signature

Date

Please list three personal references.

1. _____ Phone #
2. _____ Phone #
3. _____ Phone #

PLEASE RETURN YOUR APPLICATION TO HAVIN AS SOON AS POSSIBLE. THANK YOU.