



P.O. Box 764
 Norristown, PA 19404
 (610) 277-1860
www.laurel-house.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Name _____ DOB _____ Gender: F M

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Which number do you prefer be used? Home Work Cell Other _____

Email Address _____

Name of current employer _____

Position _____ Work Phone _____

Emergency Contact	
Name _____	Relationship _____
Address: _____	
City _____	State _____ Zip _____
Home/Cell Phone _____	Work Phone _____

Education	SCHOOL NAME & LOCATION	YEAR LAST ATTENDED	DEGREE
High School			
College – Undergraduate			
College – Graduate			
Military			

SPECIAL SKILLS, TRAINING OR TALENT: Please list those things which you feel might benefit Laurel House or be helpful for Laurel House to know about you (i.e. bilingual, survivor of domestic violence, education). If your resume includes some or all of the information, please attach it.

What attracted you to volunteering for Laurel House? _____

HOW DID YOU HEAR ABOUT LAUREL HOUSE?

- Presentation - If so, where _____
- Website
- LH Newsletter
- TV / Radio / Newspaper
- Other _____

WHAT KIND OF VOLUNTEER OPPORTUNITIES INTEREST YOU?

Please rank in order of preference, number 1 (one) being the highest.

_____ **Childcare:** Provide onsite children care and support to children residing in shelter & transitional housing

_____ **Community Education:** Assist in educating community groups on domestic violence issues; manage information tables at community events; speak to community groups, churches, etc. who request information on Laurel House.

_____ *** Domestic Abuse Response Team (DART):** On-call volunteer position that provides in-person crisis intervention to victims of domestic violence in Montgomery County when referred by law enforcement or medical providers. Must have weekday or week night availability, or be at to commit to one weekend per month.

_____ ***Shelter Volunteer:** volunteer duties vary widely but may include, but are not limited to; sorting, organizing and inventorying donations, answering hotline calls. Interacting with the women and children and providing support coverage in the shelter.

_____ **Special Events/Committees:** Assist staff or join a committee that is charged with organizing, planning and implementing special events (i.e. Gala, 5K DASH, etc, etc.).

_____ **Thrift Shop:** Sort merchandise and donations that come into the shops. Prep, tag, and put out donations once ready. There are two thrift shops: Marian’s Attic which is located in King of Prussia, and Laurel’s Loft which is located in Lansdale.

_____ **Other** (i.e. pick up, deliver household furniture, building repairs): _____

*** indicates 45 hour domestic violence training is required**

How many volunteer hours can you commit to per month? _____

DO YOU HAVE A VALID PA DRIVER’S LICENSE? YES; NO

If yes, and you are going to use your car in your volunteer capacity, you must supply us with a copy of your valid driver’s license and current liability insurance face sheet.

CLEARANCES

Act 15, signed into law on July 1, 2015 clarified the reforms made to the Child Protective Service Law. Among the changes, Act 15 clarified and added provisions relating to background checks and child abuse clearances for volunteers.

If you have obtained Child Line, State Police and FBI clearances within the last year, please attach a copy. Please be advised that you will be required to apply for them and have them on file with Laurel House before providing any direct services to Laurel House clients.

CONFIDENTIALITY CONTRACT

In my capacity as a Laurel House employee or volunteer, I do hereby agree to keep private and confidential any and all information regarding:

- Location of Laurel House shelter or transitional housing residences
- Information I may learn about service recipients using (or who have used or will use) its services whether or not I remain associated with Laurel House. I understand that this applies to both current, past and future service recipients. (If requested, I may give information to the professional staff of other PCADV programs.)
- My own or any other employee's or volunteer's last name, phone number or address

My signature below means that I have read (or have had read to me) all of the above. I agree to maintain confidentiality and adhere to the guidelines as described, and that any questions I have asked have been answered to my satisfaction and my understanding.

Signature of Applicant Date

Signature of Staff Date

Please complete if you are applying as an intern or student volunteer:

For student volunteers/university/college student interns	
Advisor's Name: _____	Phone: _____
Email: _____	
Major (if applicable): _____	

For university/college students whose permanent residence is not local.		
Home Address _____	Phone _____	
City _____	State _____	Zip _____