



Her Haven

Volunteer Inquiry Form

Please email: Herhaven@prestigepods2.com

APPLICANT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

EMERGENCY CONTACT Name: _____

Relationship: _____

Phone Number: _____

VOLUNTEER INTERESTS

1. What type of volunteer work are you interested in? (Check all that apply):

Mentoring

Administrative Support

Events/Workshops

Fundraising

Marketing & Social Media

Community Outreach

Housing/Facility Projects

Other: _____

2. Why do you want to volunteer with Her Haven?

3. Do you have any relevant experience or skills?

AVAILABILITY _____

Days/Times Available: _____

How many hours per week are you available to volunteer? _____

BACKGROUND INFORMATION

1. Have you ever been convicted of a crime? Yes

No If yes, please explain: _____

2. Are you currently employed? Yes No

Employer/Occupation: _____

REFERENCES

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

ACKNOWLEDGEMENT & SIGNATURE I certify that the information provided is true and complete. I authorize Her Haven to conduct background checks if necessary. I understand that volunteering with Her Haven is based on the organization's needs and that all volunteers must uphold Her Haven's mission and values.

Signature: _____ **Date:** ___ / ___ / _____