

New Horizons Crisis Center

Assisting Victims of domestic Violence, Rape & Sexual Assault

VOLUNTEER PROGRAM APPLICATION

Date: _____

Name: _____ Home Phone Number: _____

Address: _____ Work Phone Number: _____

City: _____ Zip Code: _____ County: _____

Cell Number: _____ E-Mail Address: _____

Are you presently employed? _____ Employers Name: _____

Have you worked as a volunteer before? _____

If yes, for whom:

Name or Organization: _____ Phone Number: _____

Describe your duties: _____

PREFERRED ASSIGNMENT:

Work with individual (s) _____ Clerical / Administrative _____

Spot placement _____ Other _____

Work with group (s) _____

Work related to a specific talent _____

Number of hours and days you would like to donate: _____

TWO REFERENCES:

SIGNED: _____ DATE: _____

NOTE: You will be required to submit and pass a BCI