

Project Sanctuary Volunteer Application

Please note: Project Sanctuary's policy is that if you have received services as a survivor of domestic violence and/or sexual assault within the last year, you are not eligible to apply. We acknowledge that survivors bring their own unique understanding and empathy to others who have experienced these issues, but we need to ensure that you will be safe working with people in crisis.

PERSONAL INFORMATION:							
First Name:	Last Name:		Pronouns:				
Birthdate://	_Race/Ethnicity:	Gend	Gender:				
Address:	_Unit/Apt#:	_City:	_Zip:				
Email:	Phone Number:		_□Cell □Home				
EMERGENCY CONTACT INFORMATION:							
<u>Contact 1:</u>		Contact 2:					
First Name:Last Name:_	First Name:_	Last Nar	me:				
Pronouns:	Pronouns:						
Phone Number: Phone Number: Home \(\text{Work} \text{Cell} \)							
Address:	Address:						
City:State:Zip	: City:	State:	Zip:				
BACKGROUND INFORMATION:							
 Have you received services from Project Sanctuary within the last year?							
College:	Major/Minor:	Year Gr	aduated:				
 4. Do you possess a valid California Driver's License?							



INTEREST IN PROJECT SANCTUARY:

	Why do you want to volunteer for Project Sanctuary?						
2. Do you have any previous	volunteer experience?						
3 What are some of your stre	ngths and skills that you could con	tribute to Proiect Sanctuary?					
during business hours, provi	es volunteers to help answer our 24 de court accompaniment, partici itals and law enforcement calls. W	•					
	that you would like to provide us v	vith?					
	that you would like to provide us v	vith?					
5. Any additional information	that you would like to provide us v						
5. Any additional information	,						



AVAILABILITY:

Indicate the days and times you are usually available to work. Please note that Project Sanctuary asks for a minimum of 1 year of service.								
	□SUNDAY	From:	To:					
	□MONDAY	From:	To:	-				
	□TUESDAY	From:	To:	-				
	□WEDNESDAY	From:	То:					
	□THURSDAY	From:	To:					
	□FRIDAY	From:	To:					
	□SATURDAY	From:	То:					
Please include any other information about your availability that you think might be helpful.								
WAIVED FOR BACKCROUND INVESTIGATIONS.								
WAIVER FOR BACKGROUND INVESTIGATIONS:								
I,(print name) understand that I will have to complete a background check with the Department of Justice prior to participating in Project Sanctuary's 80-hour State Certified Crisis Counselor training.								
Signature:_		Date:						

Please submit your application to <u>info@projectsanctuary.org</u> or by mail at the following Project Sanctuary locations:

Inland Office: 564 South Dora Street, Suite A-1 Ukiah, CA 95482 Coast Office: 461 North Franklin Street Fort Bragg, CA 95437