

THE REFUGE NETWORK
PO BOX 323, CAMBRIDGE, MN 55008
763-689-3532

Date _____

PRE-SCREENING VOLUNTEER APPLICATION

Name: _____ Home _____

Address: _____ Cell _____

City: _____ State _____ Zip _____ Work _____

Email address: _____ DOB * _____ SS# * _____

***We do a background check on all employees and volunteers.**

Check the areas in which you are interested:

- | | |
|--|--|
| <input type="checkbox"/> Office (phones, mailings, clerical) | <input type="checkbox"/> Software/Computers _____ |
| <input type="checkbox"/> Safe Home | <input type="checkbox"/> Legal Advocate |
| <input type="checkbox"/> Court Support | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Crisis Phone Line | <input type="checkbox"/> Help with Children's Group |
| <input type="checkbox"/> Shelter Advocate | <input type="checkbox"/> Special Event Staff / Fundraising |
| <input type="checkbox"/> Yard work/Gardening | <input type="checkbox"/> Light Household Maintenance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Food prep, Catering, Serving (events) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Advertising/Printing Needs |
| <input type="checkbox"/> Newsletters/Mailings | <input type="checkbox"/> Sexual Assault Advocacy |
| <input type="checkbox"/> Thrift Store Responsibilities | <input type="checkbox"/> Internship / Community Service |
| <input type="checkbox"/> Carpentry, Repairs | <input type="checkbox"/> Driveway snow plowing |

Other / Comments: _____

List previous experience or training which may prove beneficial to volunteering at the Refuge. You do not have to have experienced in the field of domestic violence.

Describe any previous volunteer work you have done. _____

Why do you wish to volunteer at The Refuge Network?

Are you willing to make a one-year commitment to us? _____ If not, how much time can you devote to our organization? _____

What days and hours are you available to help? Check all that apply. Very flexible _____

Time/Day	Sat	Sun	Mon	Tue	Wed	Thu	Fri
A.M.							
Aft.							
P.M.							

Every week _____ Every other week _____ Once a month _____ Special events _____ Varies _____

Is there a time of year when you are unavailable (south/winter, school, etc.) _____

How did you learn about The Refuge Network? _____

Do you have any special needs or limitations that we should be aware of? (lifting, etc) ___ Yes ___ No

Have you ever been charged with an assault or other crime of violence? ___ Yes ___ No

If you answered yes to either question listed above, please explain. Because of the nature of work The Refuge Network does, we need to ask for this information. Answering yes *does not necessarily disqualify you* from volunteering. Each situation is unique and will be handled on an individual basis.

Is there any other information you feel might be helpful or comments you wish to share? ___ Yes ___ No

Please list three references (*preferably work relationships, peers, not family members, etc*):

Name	Address	City, Zip	Phone
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Email Address	Relationship
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Name	Address	City, Zip	Phone
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Email Address	Relationship
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Name	Address	City, Zip	Phone
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Email Address	Relationship
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Is there any other information you feel might be helpful or comments you wish to share? _____

Volunteers will be expected to complete a training course(s) and agree to a commitment. You will be contacted for an interview and to discuss volunteering. Thank you for your interest in and support of The Refuge Network

The Refuge Network believes that no one deserves or wants to be beaten. We provide emergency shelter & support services to battered persons and their children. All our services are provided in a supportive, non-judgmental and non-violent atmosphere. Persons seeking help will be told the options that are available to them. They will be given help to attain these goals and will be respected for the decisions that they make about their own lives. We expect all volunteers to agree to and support this philosophy.

Contact information: email- dans@therefugenetwork.org
OR leave a message at 763-689-3532 for Dan Stark

Training Dates _____
Trainers _____

The Refuge Network
P.O. Box 323
Cambridge, MN 55008
763-689-3532

AUTHORIZATION FOR RELEASE OF INFORMATION

The following named individual has made an application with this agency as a volunteer or employee with our organization or its thrift store.

Date of Birth _____ Social Security # _____

Last Name _____ First Name _____
Please print Please print

Full Middle Name _____ Sex: ____ F ____ M

Maiden, Alias or Former Names:

I hereby authorize the Bureau of Criminal Apprehension, Isanti County Court Administrator, Chisago County Court Administrator, Kanabec County Court Administrator and/or any other appropriate law enforcement agencies or court services to release all criminal history record information and/or records of my participation as a respondent in a restraining order (Order for Protection or Harassment Order) to The Refuge Network for the purpose of evaluation of my application to determine my eligibility to volunteer for *(or be employed by)* The Refuge Network.

The expiration date of this authorization shall be one year from the date of the signature.

Signature of Applicant

Date

Background check date: _____

Results: _____

TRN Staff: _____

