



SAFE HARBOR, INC. HOPE CHEST VOLUNTEER REGISTRATION FORM

Please return completed registration form to
Samantha Tucker, Safe Harbor Volunteer Coordinator
P.O. Box 174; Greenville, SC 29602

Application Date _____ Month & Date of Birth: _____

Name: Miss Mrs. Ms. Mr. (circle one) _____

Address: _____
Street/PO Box

City _____ State _____ Zip _____

Home Phone # _____ Business Phone # _____

Best hours to reach you: _____ Pager # _____

If you have e-mail, e-mail Address: _____

Education: Circle highest grade level completed: 8 9 10 11 12 college 1 2 3 4 or above

Current employer: _____

Significant History: Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes _____ No _____ If yes, please explain in detail; include offense and date of conviction:

Medical History: Have you ever had any medical or emotional problems of significance in the last year? Yes _____ No _____ If yes, please explain: _____

AVAILABILITY: Please check the times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Mid-day							
Evening							

Emergency Notification: (person to be contacted in case of emergency or illness)

Name Relationship Phone #

STATEMENT OF UNDERSTANDING & CONFIDENTIALITY

I agree and understand that all statements are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or terminated as a volunteer. I also understand that a brief orientation will be necessary prior to volunteering. My signature as a SAFE HARBOR, INC. volunteer advocate indicates that I agree to exercise care not to disclose to any person outside the agency any facts learned about any client of the agency. I understand that confidentiality is of the utmost importance in servicing the needs of clients. I also understand that the shelter location is confidential and I will not disclose its location to anyone. I further understand that any infraction of this rule will mean termination of my volunteer advocacy at Safe Harbor.

Signature of Applicant Date