



STUDENT VOLUNTEER APPLICATION

Hubbard House offers equal employment and volunteer opportunities without regard to race, age, color, religion, national origin, sex, marital status, citizenship, disability, sexual preference, or status as a veteran or veteran of the Vietnam era.

Name: _____ Date: _____

Local Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

E-Mail address (if available): _____

Home Phone: _____ Business Phone: _____

Pager / Cell Phone: _____ Best time to call: _____ (am/pm)

(Please Circle Which One You Have)

Social Security #: _____ Date of Birth: _____ Age: _____ Sex: _____

Name of Educational Institution: _____

Check all that apply:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Honors Program _____

Hours Required: _____ Completed by: _____ Performed: ___weekly ___monthly ___ N/A

Course of Study: _____ Internship: _____ (Yes/No)

Please check the days and times that you would be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daytime	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____

Employment History: (Please complete for current or last employer)

Company Name: _____ Employed: From _____ To _____

Address: _____

Street City State Zip code

Phone: _____ Position: _____

Duties: _____

Personal References: (You may use former teachers, neighbors, friends, employers, clergy, etc.

NO Family please)

1) Name: _____ Relationship: _____ Phone () _____

Address: _____

Street City State Zip code

2) Name: _____ Relationship: _____ Phone() _____

Address: _____

Street City State Zip code

List club memberships, volunteer work, and other activities or skills that you feel may be relevant to your service:

Survivor

Information:

Are you an adult survivor of domestic violence? Yes No

Are you a child survivor of domestic violence? Yes No

Would you be willing to share your experiences:

As a speaker? Yes No

In print media and / or videos? Yes No

Would you be interested in joining the Formerly Battered Women’s Caucus through the Florida Coalition Against Domestic Violence? **This is a free group for victims and survivors only** to channel our collective strength for the purpose of education, support, advocacy and shaping of the future of the DV movement to ensure that the voice of the survivor will always be heard. **(Must be at least 18 years old)** Yes No

Emergency Information:

Please list who we should contact In case of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Beeper/Cell phone: _____

Are there any medical problems or issues of which we should be aware in the event of an emergency? If so, please list them below:

Are you currently taking any medications that could alter your physical condition and / or your behavior? If so, please list them below:

Personal Insights:

My greatest fear(s) in working with this program is:

My greatest hope(s) in working with this program is:

Overall, I want to work with Hubbard House because:

Additional Comments:

Thank you

I verify that the information contained in this application is true to the best of my ability. I also grant permission to Hubbard House to investigate my references and background and release them from any and all liability resulting from such an investigation. I further understand that while Hubbard House attempts to place all volunteer applicants, the agency reserves the right to reject unsuitable candidates.

Signature: _____ Date: _____