



Volunteer Application

Name: _____

Address: _____

Phone #: _____ **Email:** _____

For class or credit: _____

Occupation: _____

Employer: _____

Commit 6 months? _____

Felony? Yes or No If yes, Please explain: _____

Bilingual (circle one)? Yes or No

Availability? _____

What do you know about domestic violence? _____

Why do you want to volunteer at Sojourner? _____

What experiences or training have you had that would be relevant to volunteering at Sojourner?

Other skills or talents? _____

Opportunities Please check all that are of interest:

Children's Program Volunteer: _____ **Wednesday or Thursday evenings. Bi-weekly or weekly shifts**

Crisis Line:_____ Evening and day shifts. Bi-weekly or weekly shifts

Intervention: _____ 2-3 shifts a month. Hours are on-call Friday's 5pm-10pm, Saturday and Sundays 8am-10pm

****Please note that all volunteers must complete an application, training and a background check. Please contact Laura at 952-351-4062 for more information***