



**First Name**

**Last Name**

**Email**

**Phone Number**

**Birthday** (Month/Day/Year)

**Street Address**

**City**

**State**

**Zip Code**

**Availability**

- Days (7a-7p)    Evenings (7p-7a)  
 Weekends

**What type of involvement are you interested in?**

- Crisis Line    Hospital Advocacy    Shelter Advocacy & Transportation  
 Outreach    Office Time    Court Advocacy

**Education**

**Experience with Crisis Situations**

**Special Skills/Interests**

**Reason for Interest in volunteering with the Crisis Center**

**Have you ever been reprimanded, disciplined in any way or dismissed as an employee or volunteer because of:**

- Sexual Misconduct    Violent Conduct    None

**Have you ever had a temporary or final domestic violence protective order against you?**

- Yes    No

**CURRENT EMPLOYER**

**Name**

**Phone**

**PREVIOUS EMPLOYER**

**Name**

**Phone**



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Please list 3 personal references that you have known for at least 2 years and that are not related to you:

**Name**

**Phone (Daytime)**

**Name**

**Phone (Daytime)**

**Name**

**Phone (Daytime)**

- I authorize the people and employees and officers of the places I have mentioned above to provide The Crisis Center of Central New Hampshire any information requested by the Center that may be required to arrive at a decision about my application to work as a volunteer.

**Signature**