

Women Are Safe, Inc. P O Box 2



Centerville, TN 37033

VOLUNTEER INQUIRY

Name: _____

Address: _____ Telephone #: _____

_____ Email: _____

How did you learn about our program? _____

Volunteer Opportunities:

Check the ones you are interested in:

***These activities require 16 hours pre training**

_____ Multi-lingual translator

_____ Answer the hotline **(this can be done from your cell phone)**

_____ Assist with child support group

_____ Baby sit for clients

_____ Transportation for clients

_____ Counseling with clients **(must be a licensed counselor/therapist)**

_____ Financial Mentoring

_____ Office support

***These activities require 2 hours orientation training**

_____ Building upkeep/repairs

_____ Repair client's vehicles

_____ Clothes Closet

Days and hours you are available to volunteer: _____

Days and hours you are available for training: _____

Do you have experience and/or special interest in domestic violence? If yes, please explain:

Education level: _____

Signature: _____ Date: _____