



# Volunteer Application

Please Return to P.O Box 5205, Poughkeepsie, NY 12602 or Email: [volunteer@gracesmithhouse.org](mailto:volunteer@gracesmithhouse.org)

Date:

Personal Information		Minimum age requirement is 18.	
First Name:	Last Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email:	Age:	<input type="checkbox"/> over 18	<input type="checkbox"/> under 18
Why are you interested in volunteering? <input type="checkbox"/> Personal Interest <input type="checkbox"/> Community Service Hours			
<input type="checkbox"/> Court Ordered <input type="checkbox"/> Other			
Have you ever worked or do you currently work for Grace Smith House? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever received services from Grace Smith House? <input type="checkbox"/> Yes, if yes give date(s) <input type="checkbox"/> No			
Dates of service (beginning & end):			
Do you have any special needs or restrictions we should be aware of?			
Emergency Contact:		Emergency Phone:	

Education and Experience
What is your educational/training background?
What is your prior work experience?
Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?
Does your current employer have (check all that apply): <input type="checkbox"/> Program for volunteering
<input type="checkbox"/> Donation matching program <input type="checkbox"/> Grant preference to organizations where you volunteer

## Your Interests at Grace Smith House

How did you learn about GSH? ☐ Board Member ☐ Website ☐ College/University  
☐ GSH Employee ☐ Current Volunteer ☐ Other *Please specify:*

How long can you commit to volunteering? ☐ One time ☐ Occasionally ☐ 3-6 months  
☐ 6 months or more ☐ Seasonal ☐ Other *Please specify:*

What days are you available? ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays  
☐ Saturdays ☐ Sundays

What times are you available? ☐ Mornings ☐ Afternoons ☐ Evenings

## Hobbies and Skills

List any skills or areas of interest you would like to incorporate while volunteering:

Other languages you speak:

☐ Basic ☐ Conversational ☐ Fluent

**Please describe why you want to be a volunteer at Grace Smith House.** Why, at this particular time in your life have you applied to volunteer with us? What do you hope to gain from being a volunteer?

Do you prefer to work (check all that apply):

☐ Directly with people served ☐ Behind the scenes ☐ Computers ☐ Maintenance ☐ Administrative  
☐ Seasonal/Outdoor Projects ☐ Holiday Support ☐ No preference

Volunteers are placed based on program needs, volunteer interests and the ability of the volunteer to perform in that program. All volunteers must take training provided by Grace Smith House

## Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain.

Grace Smith House, Inc.

Grace Smith House is committed to creating an environment where survivors are safe, welcomed, supported, and respected. We do not tolerate discrimination, harassment or bullying of any kind.

## Authorization for Background Check

During the application process for volunteering with Grace Smith House, Inc., I hereby authorize Grace Smith House, Inc. to procure a criminal background report, sexual offender report and motor vehicle report where required. These reports may be compiled with information from credit bureau, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\*\*\*\*\* PLEASE PRINT CLEARLY \*\*\*\*\*

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License ID #: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_