



Volunteer Application

Personal Information

Full Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Birth**day** (month and day): _____ Are you at least 21 years old? YES NO

Current Occupation: _____

Does your workplace offer matching gifts for volunteer service hours? YES NO N/A

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Interest Profile:

How did you learn about Chrysalis' volunteer program?

Why are you interested in volunteering at Chrysalis?

Have you ever been a client of Chrysalis? If yes, please specify when:

What are your interests and hobbies? Please include any special skills or training you may have.

Please list any languages (other than English) you can speak and your level of proficiency:

Please check all areas of your volunteer interest:

- | | | |
|---|--|---|
| <input type="checkbox"/> Client Advocate | <input type="checkbox"/> Learning Series/Family Engagement | <input type="checkbox"/> Clerical/Reception |
| <input type="checkbox"/> Shelter Kitchen | <input type="checkbox"/> Donations Pick-up and Delivery | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Child Development Center | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Community Outreach |

Other: _____

Availability:

Preferred location to volunteer (please check):

- Shelter/Transition** (Confidential addresses) **Administrative Office** (2055 W Northern Ave. Phoenix, AZ 85021)

Can you commit to volunteer at least once per month? **YES** **NO**
 Chrysalis requires all long-term volunteers to be fingerprinted. The cost to you is \$65.00
 (paid to Arizona Department of Public Safety). Are you willing to be fingerprinted? **YES** **NO**

What is your availability for volunteering? (Please check all that apply)

Please describe your previous volunteer experience (if any):

Timeframe	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM (8a-12p)	<input type="checkbox"/>					
PM (12p-5p)	<input type="checkbox"/>					
Evenings (5p-8p)	<input type="checkbox"/>					

REFERENCES:

Please list three people (not related to you) who we can contact as references, including at least one professional reference. Please remember to include an email address, if available.

Reference #1

Name: _____
 Relationship: _____
 Email: _____
 Phone: _____

Reference #3

Name: _____
 Relationship: _____
 Email: _____
 Phone: _____

Reference #2

Name: _____
 Relationship: _____
 Email: _____
 Phone: _____

Please let your references know that we will be contacting them. Volunteer service cannot begin until all references have been checked.

Optional: Please provide any additional information that is useful for us to know about you:

Chrysalis Agreement: I certify that all the information provided in this application is true and accurate to the best of my knowledge. I authorize Chrysalis to contact my references and to conduct an investigation of my background, as deemed appropriate and as allowed by law. I understand that all information provided will be kept confidential, and that Chrysalis will use this information as part of its verification of my volunteer application. I also understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date.

Signature of Applicant _____ **Date:** _____

For Office Use Only:

Date Received: _____ **Contact:** _____ **Outcome:** _____