

Please complete this application and mail or fax to Life Haven, Inc., 447 Ferry Street, New Haven, CT 06513-3617. Fax 203-777-5949. Thank you!

Life Haven, Inc.

Volunteer Profile

Please print or type

Date: _____

Name: _____
Home Address: _____
Telephone: (day) _____ (evening) _____
Person to contact in case of emergency: Name: _____ Relationship: _____ Telephone: (day) _____ (evening) _____

Do you need documentation of your volunteer hours? _____

Total hours you need to work: _____

To whom do we send this documentation? _____

<i>Please enter your hours of availability</i>	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total number of hours you wish to work per week: _____ Per month: _____

Please describe the volunteer work that you would like to perform:

See the list of opportunities enclosed. _____

Childcare volunteers: please see other side.

For childcare volunteers only: please provide 3 references – professional, volunteer and/or personal.

1. Name: _____ Job Title: _____

Place of employment: _____ Term of employment: _____

Telephone # _____ Years Known: _____ In what capacity? _____

2. Name: _____ Job Title: _____

Place of employment: _____ Term of employment: _____

Telephone # _____ Years Known: _____ In what capacity? _____

3. Name: _____ Job Title: _____

Place of employment: _____ Term of employment: _____

Telephone # _____ Years Known: _____ In what capacity? _____

I authorize investigation of all statements contained in this application for a volunteer position as may be necessary in arriving at a decision to select me for a volunteer position working with children. I understand that this investigation shall include a police background check.

Signature of Applicant

Printed Name

Date

Please complete this application and mail or fax to Life Haven, Inc., 447 Ferry Street, New Haven, CT 06513-3617. Fax 203-777-5949. Any questions? Call 203-776-6208.

Thank you!