



## NEWHOUSE VOLUNTEER APPLICATION

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Gender: \_\_Female \_\_Male

Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer phone: \_\_\_\_\_

Job title: \_\_\_\_\_ Current job responsibilities: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ How were you referred to Newhouse? \_\_\_\_\_

In what areas do you wish to volunteer? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one-year commitment to this volunteer role? Yes No

Why would you like to volunteer with victims of domestic violence?: \_\_\_\_\_

Service Required? Yes No If yes, circle one:  Student hours  internship  practicum  comm service

Hours Required? \_\_\_\_\_ Service to be completed by: \_\_\_\_\_

Have you ever been exposed to an incident of abuse?  Yes  No

If yes, please explain how it affected you: \_\_\_\_\_

Would you be available for volunteer training?  Yes  No



Have you ever been charged, convicted of or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, abuse, other crimes of violence, theft or motor vehicle violations)?  Yes  No

**References:** Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Evening phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Evening phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Evening phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

To the best of my knowledge, the information I have provided in this application is correct and truthful.

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Applicant signature

Date

Thank you for your interest in volunteering with Newhouse. Please return this form to:

Newhouse  
P.O. Box 240019  
Kansas City, MO 64124  
Fax: 816-474-4157