

Engedi Refuge Volunteer Application

Thank you for your interest in Engedi Refuge. The information you provide will help us place you in the position which best suits your interests & skills, as well as the needs of our participants. The majority of volunteer needs are for women. If you would like to volunteer and you are a man, please let Aaron know as he can talk with you about Men of Dignity and what that has to offer. ***Note: In order to ensure the protection of Engedi Refuge, its residents and staff, ERM policy requires all potential volunteers to be subject to a criminal background check before providing volunteer services.***

Contact Information **Date of Application** _____ **DOB** - _____

First Name _____ M.I. _____ Last _____

Address _____

Preferred Telephone Number _____ DOB _____

Email Address _____

1. We are looking for Respite Volunteers for weekends from 4pm Friday thru 4 pm Sunday.
Are you available for a weekend respite? _____
How Often? Once a month _____ Every other month _____
2. Are you available to be used for transportation on occasion? _____
Would you be available to drive to an evening weekly meeting? Tuesday _____ Thursday _____
3. Are you interested in volunteering as classroom assistant? _____
What areas would interest you? _____
Would you consider helping with fundraising? _____
Is there another area that you would like to volunteer for?

4. Are you bilingual? _____ If yes, what languages do you speak? _____
5. Are you familiar with the issues of homelessness, addictions or sexual exploitation? _____
6. ERM is a non-profit ministry providing safe homes, education, long term support & hope for women who have been sexually exploited. What are your personal thoughts concerning sexual exploitation?

7. ERM is a Christian based organization. How will this affect you and the women you will work with?

8. ERM offers services to a diverse community of women managing a variety of social issues. How do you see yourself applying your skills, knowledge and beliefs in relation to the women?

9. What do you hope to gain personally from volunteering with ERM?

10. Do you have First Aid Training? _____

11. Do you have any medical conditions or physical limitations that may affect how you are able to volunteer?

12. Have you had previous volunteer experience? If so, for what organization and in what capacity:

13. How did you first learn of Engedi Refuge Ministries?

Emergency Medical Information

In case of an emergency, please contact _____

Relationship _____ Phone number _____

Allergies _____

Signature

Engedi Notes: Has attended: Part 1 Training _____ Part 2 Training _____