



**SAFE
FAMILY
JUSTICE
CENTERS**
RIVERSIDE COUNTY

ENSURING SAFETY • PROTECTING FAMILIES • SEEKING JUSTICE

Volunteer Application

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Maiden Name/Other Names Used: _____ DOB: / /

DL #/State: _____ Phone: () - Email: _____

Street Address: _____ Box/Apt #: _____

City/State/Zip: _____

AVAILABILITY

Please mark all that apply:

M Tu W Th F

Mornings

Afternoons

Evenings

Other/Comments: _____

SKILLS/QUALIFICATIONS/PREVIOUS VOLUNTEER EXPERIENCE

Please summarize any previous volunteer experience, skills, and qualifications that may be relevant to your volunteer status with SAFE Family Justice Centers.



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EDUCATIONAL BACKGROUND

School	Dates	Grade Completed	Degree Earned

EMERGENCY CONTACT INFORMATION

Name: _____ First Name: _____

Relationship: _____ Phone: () -

Street Address: _____ Box/Apt #: _____

City/State/Zip: _____

I wish to volunteer for SAFE Family Justice Centers I understand that the nature of the volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified or familiar persons or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I hereby assume full and complete responsibility for and personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against SAFE FJC and any of their employees, volunteers, partners, agents, sponsors, Board Members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.**

I understand that as a volunteer, I may become privy to confidential information about SAFE FJC I agree to maintain the confidentiality of any information marked “confidential” as well as any information about SAFE FJC or its internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by SAFE FJC I will not use any confidential information in any matter that will be detrimental to SAFE FJC and I will avoid any actions that might impair the reputation of SAFE FJC

Volunteer Signature _____ Date _____

Print Name: _____