



**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: _____

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.

EDUCATIONAL BACKGROUND

School	Dates	Grade Completed	Degree Earned



**SAFE
FAMILY
JUSTICE
CENTERS**
RIVERSIDE COUNTY

ENSURING SAFETY • PROTECTING FAMILIES • SEEKING JUSTICE

Volunteer Application

PLACEMENT AND PATHWAY INFORMATION

Desired Placement: Riverside Temecula Indio

Desired Pathway (Refer to Pathways Document):

Victim Advocate PAL Mentor Project Based Event Based

If Victim Advocate chosen, are you able to commit to the full 6 months: Yes No

If PAL Mentor chosen, are you able to commit to the full 1 year: Yes No

THIS SECTION FOR INTERNSHIP APPLICANTS ONLY

School: _____

Major: _____ Number of Required Hours: _____

Desired Number of Hours per Week: _____

Semester Applying For: Spring Fall Winter Summer

Name of Academic Advisor (if applicable): _____



SAFE
FAMILY
JUSTICE
CENTERS
RIVERSIDE COUNTY

ENSURING SAFETY • PROTECTING FAMILIES • SEEKING JUSTICE

Volunteer Application

EMERGENCY CONTACT INFORMATION

Last 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 any 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

Print Name: _____

Signature: _____ Date: _____