P.O. Box 45301
Kansas City, MO 64171
816-531-8340
www.saveinckc.org

SAVE, INC. VOLUNTEER SERVICE APPLICATION

SAVE, Inc. provides comprehensive housing solutions to empower socially and medically disadvantaged people to improve their health and lead stable lives with personal dignity.

Name: _____

Home Address: _____
(street) (city) (state) (zip)

Phone: *(Please circle one: H Wk C)* _____ **May we leave a message?** _____
(Please circle one: H Wk C) _____ **May we leave a message?** _____

E-Mail: _____ **Date of Birth:** _____/_____/_____

Preferred way to be contacted: _____

Emergency Contact Name & Number: _____

Volunteer Experience:

Agency / Organization	*Date(s)*	*Volunteer Responsibilities*

Related Work Experience:

Employer	*Job Title*	*Date(s)*	*Related Job Responsibilities*

Education: **Are you currently a student? YES** _____ **NO** _____

School and City / State	*Date(s) Attended*	*Degree*

Volunteer Service Positions: *(please check all that you are interested in)*

_____ Administrative Support _____ Landscaping _____ Data Entry

_____ Adopt-a-Property _____ Special Events _____ Committee Service

_____ Cooking for SAVE Home _____ Community Outreach _____ Office Projects

_____ Housing Advocate _____ Resident/Client Mentor or Buddy

_____ Professional Support (any skills that you wish to share with staff or clients, ex. legal, financial, website design, marketing, tutoring, language skills)

Time Commitment: *(please indicate your desired time commitment)*

Long Term (6 months or more) Short Term (less than 6 months) One-time Project

Availability: *(please indicate your preferred time to volunteer)*

Mon_____ Tues_____ Wed_____

Thurs_____ Fri_____ Sat_____ Sun_____

NOTE - SAVE, Inc.'s office hours are from 8:30 – 4:30 Monday thru Friday

Date you are available to start volunteering: _____

Comments regarding your availability: _____

_____

_____

References: *(please list 2-3 references that we may contact)*

Name	***Relationship***	***Phone and/or Email***

Have you ever been convicted of, or pleaded no contest to, a felony within the last 5 years? _____

If yes, please explain: _____

_____

_____

How did you hear about SAVE, Inc.? _____

_____

_____

What motivates you to volunteer for SAVE, Inc.? _____

_____

_____

_____

_____

Anything else you would like to share about yourself? *(hobbies, interests, etc.)* _____

_____

_____

Please rate from 1-10 (10 being MOST comfortable) your ability to work fairly and comfortably with individuals of various:

_____ Ethnic populations _____ Sexual orientation _____ Income levels

_____ Physical challenges _____ Mental challenges _____ Education levels

Explain rating choices if necessary: _____

_____

_____

I certify that all statements given here are true and complete. I authorize the investigation of all statements and references as noted on this application.

_____

Name (print) **Signature** **Date**

SAVE, Inc. is focused on providing the best service possible to each of its nearly 900 residents and the safety and security of their information is an absolute top priority. Thus, all agency volunteers are required to have a <u>signed Confidentiality Form on file prior to their first day as a SAVE volunteer.</u> Thank you for your cooperation!

If you have any questions about volunteering with SAVE, Inc., or any of the specific service opportunities, please contact Sydney at 816-531-8340 x 290 or srayl@saveinckc.org.

Please mail your completed application to:

SAVE, Inc.
Attn: Volunteer Coordinator
P.O. Box 45301
Kansas City, MO 64171-8301

Thank You!