

HAGAR'S SISTERS

Ending the cycle of abuse through the transforming power of God

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Hagar's Sisters. Your service will make a difference in the lives of women and children working to overcome the devastation of domestic violence. All information on this form is confidential and will be shared only among Hagar's Sisters leadership as necessary.

CONTACT INFORMATION

Name	Date
Street Address	
City, State, Zip	
Home Phone	Cell Phone
Email Address	

KNOWLEDGE, SKILLS AND EXPERIENCE

What skills and/or gifts do you have that you would like to use at Hagar's Sisters?

Professional and/or volunteer positions have you held most recently?

Educational background:

SERVICE AREAS OF INTEREST

In what areas are you most interested in serving?

5/15/2014

P.O. Box 2260, Acton, MA 01720 • tel: 978.266.0053 • fax: 978.263.1251

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TIME COMMITMENT

How much time are you able to commit to volunteering? _____ hours per week **OR** _____ hours per month

GENERAL QUESTIONS

How did you hear about Hagar's Sisters?

Have you ever been convicted of a crime including sexual abuse or child abuse? Yes No

If so, please explain: _____

CONFIRMATION

All of the information that I have shared is true and accurate to the best of my knowledge. I understand if the information is falsified that my volunteer application will not be accepted and will result in my involvement with Hagar's Sisters being terminated.

Signature: _____ Date: _____

Thank you for completing this application form and for your interest in volunteering with us. Please send the completed forms via email to Volunteers@HagarsSisters.org or via mail to:

Hagar's Sisters
Attn: Volunteer Coordinator
P.O. Box 2260
Acton, MA 01720

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