

The Crisis Centre
P.O.Box EE-17910
Nassau, BAHAMAS
Tel: (242) 328-0922 Fax: (242) 328-7824
Web Site: www.bahamascrisiscentre.org
Email: bahamascrisiscentre@yahoo.com



VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Age: _____ Mailing Address: _____

Nationality: _____

Marital Status: _____ Religion: _____

Street Address: _____

Telephone: _____ (Home) _____ (Work)

Education Level: _____

Emergency Contact (name & number) : _____

Do you have any professional skills, hobbies, qualifications, or special interests that would be helpful to us? If so, please list (please attach resume):

Employer: _____ Length of Employment _____

Present Occupation: _____

Have you ever been arrested or been in trouble with the police?
If yes, please explain:

Why are you interested in volunteering with The Crisis Centre?

Previous volunteering experience:

Interests, skills and hobbies:

Please list any memberships, affiliations, professional societies or community organizations to which you belong:

Are you fluent in any language other than English? If so, please list:

Do you have any qualifications or experience that might be relevant? If so, please explain:

How does being a Crisis Centre volunteer fit into your personal and/or career goals?

Is there any additional information you would like us to include?

Please check area(s) of interest:

Counsellor
Hotline Duty
Court Watch
Art
Group Facilitator
Receptionist Duties
Fundraising
Rape Advocacy
Statistical Info
Media
Resource Coordinator

Crisis Centre Week
Newsletter
Christmas Party
Children's Coordinator
Publicity
Education Committee
Fairs and Special Events
Restoration/Building
Speakers Bureau
Legal Advisor
Program Committee

**THE CRISIS CENTRE
STATEMENT OF CONFIDENTIALITY**

I, _____, hereby confirm that upon becoming a volunteer at The Crisis Centre I am bound by the following Code of Confidentiality:

Clients will only be identified by name when necessary.

Clients' names will not be mentioned outside the structure of The Crisis Centre.

Cases will not be discussed with any persons not directly connected with the program.

Any doubtful situation will be brought to the attention of the Director or the Administrator of The Crisis Centre.

Name _____
(please print)

Signature _____

Date _____

For Official Use Only

Interviewer: _____

Comments: _____

- Approved
- Not Approved

- Full Training
- Partial Training