

Office Use Only:  
Dates of Contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Volunteer Application

*Thank you for your interest in becoming a volunteer with the Haven of Portage County!*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age:(if under 18) \_\_\_\_\_

Have you ever been convicted or do you have any pending rulings regarding a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Haven's Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Please list three references (personal, workplace, church **NON-RELATIVES**)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_



Availability: **(Please circle)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Please let us know your skill set:

<input type="checkbox"/> Heavy Machinery	<input type="checkbox"/> Office	<input type="checkbox"/> Counseling Field
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Gardening	<input type="checkbox"/> Medical Field
<input type="checkbox"/> Training	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Social Media
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Cooking	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Marketing	<input type="checkbox"/> Committee Work	

Are you affiliated with an organization(s)?  Yes  No

If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all the information contained in this application is accurate.

\_\_\_\_\_  
Signature Date  
The HAVEN of Portage County

when your form is completed, please mail to: Anne Marie Noble, The Haven of Portage County  
6490 State Route 14  
Ravenna, OH 44266