

SAFE HARBORS OF THE FINGER LAKES, Inc.

P. O. Box 624
Penn Yan, NY 14527
315-536-9654

150 Castle Street
Geneva, NY 14456
315-781-1093

VOLUNTEER APPLICATION

ALL INFORMATION IS CONFIDENTIAL

NAME: _____ DATE: _____

PHONE: _____ WORK PHONE: _____

ADDRESS: _____

Email Address (optional): _____

ARE YOU: (answer Ayes@ or Ano@)

- 1. Over 18? _____
- 2. Presently employed? _____ If so, where? _____

6. Why are you interested in volunteering for Safe Harbors of the Finger Lakes, Inc.?

8. Have you had any previous training, education or experience in counseling or in another helping profession? (Include volunteer activities.)

9. How did you learn about Safe Harbors of the Finger Lakes, Inc.?

10. Are there any personal issues or past experiences that might affect your ability to serve as a SHFL Volunteer?

12. As a SHFL Volunteer, you will obtain personal information of an extremely intimate nature. This information can be discussed with no one outside SHFL. Do you feel that you can respect the confidentiality of clients at all times? _____

Thank you for completing the application. If you have any additional information which you would like us to know, please use an additional page. Please call us if you have any questions. Each applicant will be offered a pre-training interview, if requested. *All* information you provide is confidential.