

# **Safehome** Application for Healthcare Advocacy Volunteers

First and Last Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

1. What interests you about this particular volunteer position with Safehome?
2. How did you hear about Safehome and the services we provide?
3. Are you a mandatory reporter? If not currently a mandatory reporter, will you become one in the future?
4. Do you have any unresolved trauma that could affect your ability to be an advocate for domestic violence survivors? You do NOT need to go into detail about your trauma. We just want to make sure applicants are mentally/emotionally ready for this kind of volunteer work.

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5. What kind of shifts do you think you will be most comfortable covering? Weeknight (Mon-Fri) evenings/overnights, Weekdays (Mon-Fri), Weekend (Sat-Sun) Day Time, or Weekend (Sat-Sun) evening/overnights.
  
6. Do you have any questions or concerns you would like to have addressed before your interview? Please, type your answer in the box below.

Once you have completed filling out this form, please email it to Kim Paul, Safehome's Director of Community Programs. Her email address is [kimberly.paul@safehome-ks.org](mailto:kimberly.paul@safehome-ks.org). Within the next few business days, she will follow up with you either over-the-phone or via email.

Safehome employees will only review this information internally. Your information will NOT be shared with any outside individual or organization.

Please, provide your signature and the date on the lines indicated below.

Signature:

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Date:

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