



SISTERCARE
Freeing Families From Fear

PO Box 1029, Columbia, SC 29202
Office: 803-926-0505
Fax: 803-794-0098
SISTERCARE.ORG

VOLUNTEER APPLICATION

Name: _____
(First) (Middle) (Last)

Address: _____
(City) (State) (Zip)

Telephone: C() _____ H() _____ W() _____

Email Address: _____

Occupation: _____

Date of Birth: _____

Education (Circle highest completed): High School Some College College Graduate School

Specific Training/Education: _____

Past/Present Volunteer Services: _____

Type of volunteer work desired? _____

Available Hours: Day ____ Afternoon ____ Evening ____ Weekend ____

Do you have your own transportation? _____

Skills/Interests/Hobbies: _____

Please provide information for 3 references

Name Complete Address

Relationship Telephone

Name Complete Address

Relationship Telephone

Name Complete Address

Please return the completed forms to the Coordinator of Volunteer Services and Community Outreach, volunteercoord@sistercare.com or PO Box 1029 Columbia, SC 29202, or 803-794-0098 Fax

Relationship

Telephone

How did you hear about Sistercare? _____

What is your reason for volunteering? _____

Are you a survivor of domestic violence? _____

Medical Assessment Section

The information requested in this section is confidential and designed to assist in an emergency. Please answer **yes** or **no** to all of the following:

Allergic Reactions yes/no
Asthma yes/no
Diabetic yes/no
Dizziness/Fainting yes/no

Hypertension yes/no
Heart Problems yes/no
Seizures yes/no
Weakness yes/no

Please explain any medications you take that may have significant side effects?

Other medical conditions: _____

In Case of Emergency Contact:

Name	Relationship	Address
------	--------------	---------

Cell Phone	Home Phone	Work Phone
------------	------------	------------

Doctor's Name	Telephone
---------------	-----------

Health Insurance	Preferred Hospital
------------------	--------------------

To the best of my knowledge, the information provided is correct. I give Sistercare, Inc. permission to contact my references and to perform a DSS and SLED background check.

Applicant's Signature

Date Completed

Please return the completed forms to the Coordinator of Volunteer Services and Community Outreach, volunteercoord@sistercare.com or PO Box 1029 Columbia, SC 29202, or 803-794-0098 Fax

Sistercare, Inc.
Letter of Recommendation

You have been listed as a reference for _____ who is applying for a volunteer position with Sistercare, Inc. Your assessment will not disqualify the applicant, but will help identify the most appropriate volunteer position. Please complete this form and return it in a separate envelope as soon as possible to complete the training process.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, friend etc.)? _____

Please rate the applicant on a scale from 1 to 5. Please circle one.

Question	Excellent		Average		Needs Improvement	Don't Know
Ability to assume responsibility?	5	4	3	2	1	?
Ability to remain calm in a crisis situation?	5	4	3	2	1	?
Willingness to comply with rules?	5	4	3	2	1	?
Physical health?	5	4	3	2	1	?
Creativity?	5	4	3	2	1	?
Initiative?	5	4	3	2	1	?
Ability to relate to children?	5	4	3	2	1	?
Ability to keep confidentiality?	5	4	3	2	1	?
Listening skills?	5	4	3	2	1	?
Dependability?	5	4	3	2	1	?

3. Would you recommend this applicant? Why or why not? _____

4. Please make additional comments here. _____

Name (print)

Signature

Date

Phone Number

Please return the completed forms to the Coordinator of Volunteer Services and Community Outreach, volunteercoord@sistercare.com or PO Box 1029 Columbia, SC 29202, or 803-794-0098 Fax

Sistercare, Inc.
Letter of Recommendation

You have been listed as a reference for _____ who is applying for a volunteer position with Sistercare, Inc. Your assessment will not disqualify the applicant, but will help identify the most appropriate volunteer position. Please complete this form and return it in a separate envelope as soon as possible to complete the training process.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, friend etc.)? _____

Please rate the applicant on a scale from 1 to 5. Please circle one.

Question	Excellent		Average		Needs Improvement	Don't Know
Ability to assume responsibility?	5	4	3	2	1	?
Ability to remain calm in a crisis situation?	5	4	3	2	1	?
Willingness to comply with rules?	5	4	3	2	1	?
Physical health?	5	4	3	2	1	?
Creativity?	5	4	3	2	1	?
Initiative?	5	4	3	2	1	?
Ability to relate to children?	5	4	3	2	1	?
Ability to keep confidentiality?	5	4	3	2	1	?
Listening skills?	5	4	3	2	1	?
Dependability?	5	4	3	2	1	?

3. Would you recommend this applicant? Why or why not? _____

4. Please make additional comments here. _____

Name (print)

Signature

Date

Phone Number

Please return the completed forms to the Coordinator of Volunteer Services and Community Outreach, volunteercoord@sistercare.com or PO Box 1029 Columbia, SC 29202, or 803-794-0098 Fax

**Sistercare, Inc.
Letter of Recommendation**

You have been listed as a reference for _____ who is applying for a volunteer position with Sistercare, Inc. Your assessment will not disqualify the applicant, but will help identify the most appropriate volunteer position. Please complete this form and return it in a separate envelope as soon as possible to complete the training process.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, friend etc.)? _____

Please rate the applicant on a scale from 1 to 5. Please circle one.

Question	Excellent		Average		Needs Improvement	Don't Know
Ability to assume responsibility?	5	4	3	2	1	?
Ability to remain calm in a crisis situation?	5	4	3	2	1	?
Willingness to comply with rules?	5	4	3	2	1	?
Physical health?	5	4	3	2	1	?
Creativity?	5	4	3	2	1	?
Initiative?	5	4	3	2	1	?
Ability to relate to children?	5	4	3	2	1	?
Ability to keep confidentiality?	5	4	3	2	1	?
Listening skills?	5	4	3	2	1	?
Dependability?	5	4	3	2	1	?

3. Would you recommend this applicant? Why or why not? _____

4. Please make additional comments here. _____

Name (print)

Signature

Please return the completed forms to the Coordinator of Volunteer Services and Community Outreach, volunteercoord@sistercare.com or PO Box 1029 Columbia, SC 29202, or 803-794-0098 Fax

Date

Phone Number

Please return the completed forms to the Coordinator of Volunteer Services and Community Outreach, volunteercoord@sistercare.com or PO Box 1029 Columbia, SC 29202, or 803-794-0098 Fax