



# SISTERCARE

Freeing Families From Fear

P.O Box 1029, Columbia, SC 29202  
Office 803-926-0505 Crisis Line 803-765-9428

[www.sistercare.com](http://www.sistercare.com)

## Volunteer Application

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(City) (State) (Zip)

Telephone: C ( ) \_\_\_\_\_ H( ) \_\_\_\_\_ W( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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 Volunteer and Community Outreach Coordinator at, [PMyers@sistercare.com](mailto:PMyers@sistercare.com) or PO Box 1029 Columbia, SC 29202, or fax to 803-794-0098

---

Relationship

Telephone

How did you hear about Sistercare? \_\_\_\_\_

What is your reason for volunteering? \_\_\_\_\_

Are you a survivor of intimate partner violence? \_\_\_\_\_

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

**\*Sistercare follows CDC and DHEC guidelines regarding COVID-19 and workplace safety. Sistercare follows mask mandates from local municipalities and requests all volunteers to do the when in a Sistercare volunteer capacity.**

Please return the ***completed*** forms to the Volunteer and Community Outreach Coordinator at, [PMyers@sistercare.com](mailto:PMyers@sistercare.com) or PO Box 1029 Columbia, SC 29202, or fax to 803-794-0098



**SISTERCARE**

Freeing Families From Fear

P.O Box 1029, Columbia, SC 29202  
Office 803-926-0505 Crisis Line 803-765-9428

[www.sistercare.com](http://www.sistercare.com)

## Volunteer 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	?
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 Volunteer and Community Outreach Coordinator at, [PMyers@sistercare.com](mailto:PMyers@sistercare.com) or PO Box 1029 Columbia, SC 29202, or fax to 803-794-0098



# SISTERCARE

Freeing Families From Fear

P.O Box 1029, Columbia, SC 29202  
Office 803-926-0505 Crisis Line 803-765-9428

[www.sistercare.com](http://www.sistercare.com)

## Volunteer 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	?
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 Volunteer and Community Outreach Coordinator at, [PMyers@sistercare.com](mailto:PMyers@sistercare.com) or PO Box 1029 Columbia, SC 29202, or fax to 803-794-0098



# SISTERCARE

Freeing Families From Fear

P.O Box 1029, Columbia, SC 29202  
Office 803-926-0505 Crisis Line 803-765-9428

[www.sistercare.com](http://www.sistercare.com)

## Volunteer 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	?
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 Volunteer and Community Outreach Coordinator at, [PMyers@sistercare.com](mailto:PMyers@sistercare.com) or PO Box 1029 Columbia, SC 29202, or fax to 803-794-0098**