



SISTERCARE

Freeing Families From Fear

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

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

Relationship Telephone

Please return the **completed** forms to the Community Engagement Coordinator at,
PMyers@sistercare.com or PO Box 1029 Columbia, SC 29202, or fax to 803-794-0098

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 same when in a Sistercare volunteer capacity.**

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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

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