Sistercare, Inc.
PO Box 1029, Columbia, SC 29202
Office 803.926.0505 Crisis Line 803.765.9428
Fax: 803.794.0098
www.sistercare.com

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 Grad 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

Please return to the Coordinator of Volunteer Services and Community Outreach
Office PO Box 1029, Columbia, SC 29209, 803.794.0098 Fax, 803.926.0505 Office

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	Hypertension	yes/no
Asthma	yes/no	Heart Problems	yes/no
Diabetic	yes/no	Seizures	yes/no
Dizziness/Fainting	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

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

Thank you for filling out the recommendation form. All Sistercare volunteers must submit 3 recommendation forms per federal guidelines. Thank you for your assistance!

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