



Cayman Islands Crisis Centre
P.O. Box 10454 Grand Cayman KY1-1004 CAYMAN ISLANDS
Office: (345) 949-0366 Fax: (345) 949-0124
24 Hours Crisis Line (345) 943-CICC (2422) *All Calls are Confidential*
Email: info@cicc.ky Website: www.cicc.ky
There is NO Excuse for Domestic Abuse

Volunteer Application

Contact Information

Name	
P.O. Box	
Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 Field work
 Fundraising

- ___ Deliveries
- ___ Staffing the Shelter & Crisis Phone Lines
- ___ Committee Work
- ___ Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.