



Cayman Islands Crisis Centre
 P.O. Box 10454 Grand Cayman KY1-1004 CAYMAN ISLANDS
 Office: (345) 949-0366 Fax: (345) 949-0124
 Estella's Place Co-ordinator Direct Line: 914 2725
 Email: volunteer@cicc.ky Website: www.cicc.ky
There is NO Excuse for Domestic Abuse

CICC VOLUNTEER APPLICATION FORM

Contact Information

Name	
Physical Address	
Cell Phone	
Work Phone	
E-Mail Address	
Occupation/Company	
How did you hear about us?	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interest

Tell us in which areas you are interested in volunteering (select all that apply):

- Occasionally staffing our Shelter and answering Crisis Calls (training provided) _____
- Fundraising Committee (meets once a month, organises 3-5 events annually) _____
- Helping at the warehouse: collecting, organising, distributing donations _____

- Assisting with events (organising, registrations, volunteer during events, etc.) _____
- Grocery shopping (weekly or bi/weekly according to the schedule) _____
- Assisting with field work _____

What is the anticipated length of your commitment? _____

Why?

Please tell us why do you want to be a Volunteer in our organisation?

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 (printed)	
Physical Address	
Cell & Work Phone	
E-Mail Address	

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.

Please provide 2 references that we can contact.

These references must have been known to you for over 1 year and cannot be a member of your family.

Reference 1	Reference 2
Name:	Name:
E-mail address:	E-mail address:
Telephone Number:	Telephone Number:
Relationship to you:	Relationship to you:

To join our Volunteer Programme, please email to volunteer@cicc.ky the completed CICC Volunteer Application, which consists of:

- *CICC Volunteer Application Form*
- *CICC Confidentiality Agreement*
- *CICC Release Liability Form*
- *Police Clearance (no older than 6 months)*

Agreement and Signature

By submitting this application, I confirm 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	

We can't wait for you to join us and help us to make the Cayman Islands a safe and wonderful home that we all deserve to have!

THERE IS NO EXCUSE FOR DOMESTIC ABUSE.