



New Hope for Women Volunteer Safe Home Application

Date: _____

Adult Members of Household

Name	Phone (h)	Phone (w)	Birthdate
Name	Phone (h)	Phone (w)	Birthdate

Other adult members (grandparents, boarders, etc.): _____

Children in household (first names and ages): _____

Address: _____

County: _____

Accommodations of the house:

Number of spare bedrooms: _____

Number of beds: _____

Do you have a crib? Yes No

Are you handicapped accessible? Yes No

Will you take children? Yes No

Is your home child safe and/or child friendly? Yes No

When are you available to take in safe home guests? Weekdays Weekends Both

How many nights are you willing to provide shelter? 1 2 3

Longer depending on circumstances? Yes No

Are you willing to have safe home guests in your house while you are at work? Yes No

Would you permit safe home guests to bring a pet(s)? Yes No

If yes, what kinds of pets? _____

Do you have pets of your own? Yes No If so, what kind? _____

Do you allow smoking in your home? Yes No In your yard? Yes No

Do you require reimbursement for meals prepared for safe home guests? Yes No

Do you have homeowners' insurance? Yes No

What are the work schedules of your family?

Has anyone in your household ever been arrested? If so, what were the circumstances?

Has anyone in your household ever been a defendant in a protection from abuse order case? If so, what were the circumstances and the outcome?

Why do you want to be a safe home provider and what strengths do you bring to this volunteer position?

What concerns would you like to have addressed during training?

Thank you for your application. New Hope could not provide services without the help of volunteers.

**Please return completed form to: New Hope for Women
P.O.Box A
Rockland, ME 04841-0733**