



Volunteer Application

Name: _____
(Last) (First) (M.I.)

Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Home Phone # _____ Work # _____ Cell # _____

Email _____ Date of Birth: _____

Employer: _____ / _____
(Company) (Position/ Title)

Business Address _____

Have you ever held a volunteer position? No Yes If so, where? _____

What were your responsibilities? _____

What attracted you to Voices Against Violence? _____

Do you have previous domestic or sexual violence work or personal experience? No Yes

Please describe (if comfortable doing so) _____

Please check volunteer services that interest you: Hotline Advocate

Shelter Assistant Advisory Council Fundraising/Awareness Planning

When are you available to volunteer?

(Time of Day) (Day(s) of week) (How often per month)

What skills, training or knowledge do you want to utilize at Voices Against Violence?

Please give an example of a crisis situation that you were involved in. How did you handle it? What was the outcome?

Please give an example of a time that you have worked with people from different ethnic and socioeconomic backgrounds. How did you feel?

What do you feel a relationship with a survivor should be?

Have you ever been convicted of a felony or misdemeanor? No Yes If yes, Please Explain:

Please list three personal or professional references:

Name	Phone Number	Relationship
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1. _____

2. _____

3. _____

I hereby certify that this application is true to the best of my knowledge, information and belief.

Signature _____ Date _____