

# WomenSafe

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) (Office) \_\_\_\_\_

e-mail: \_\_\_\_\_ (Home) (Office) e-mail: \_\_\_\_\_

Contact in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Tell us why are you interested in becoming a volunteer and what benefits do you see for yourself in this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any experience with domestic violence and/or sexual violence issues (personally or professionally)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **I. Skills and Interests:**

Education background: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Hobbies, skills, interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

## **II. Preferences in Volunteering**

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply).

- |   |  |
|---|--|
| <input type="checkbox"/> Direct service (hotline calls: days or evenings) | <input type="checkbox"/> Education and outreach      |
| <input type="checkbox"/> Newsletter distribution and/or contribution      | <input type="checkbox"/> Children's group, childcare |
| <input type="checkbox"/> General office work                              | <input type="checkbox"/> Court Advocacy              |
| <input type="checkbox"/> Special projects ie; research, fundraising       | <input type="checkbox"/> No preference               |

2. Is there a group with whom you are particularly interested in working? (Please check all that apply).

Women  Teens  Children  Agency Staff  No Preference  Men

Other: \_\_\_\_\_

3. Are there any groups with which you would not feel comfortable working?

No  Yes: Please Explain: \_\_\_\_\_

\_\_\_\_\_

**III. Availability** (allowing for flexibility)

1. \_\_\_\_\_AM \_\_\_\_\_PM \_\_\_\_\_Prefer weekends \_\_\_\_\_Prefer weekdays  
\_\_\_\_\_Other Specify times:\_\_\_\_\_ (optional)
2. Do you have access to an automobile you can use for volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_No
3. We ask volunteers to commit to work with us for a minimum of 1 year.  
Is this possible ? \_\_\_\_\_ Yes \_\_\_\_\_No  
If not, what time commitment will be possible for you ? \_\_\_\_\_

**IV. Background Verification**

1. Have you ever been convicted of a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_No
2. Have you ever been charged with child neglect, abuse, or assault? \_\_\_\_\_ Yes \_\_\_\_\_No
3. Has your driver's license ever been suspended or revoked in any state? \_\_\_\_\_ Yes \_\_\_\_\_No
4. Do you use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_No
5. Do you have any special circumstances or limitations that we should be aware of ? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. Please list your places of work (paid or unpaid) for the last three years. Or attach resume.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please list two character references. (Please do not list close friends/relatives, if possible).  
A reference by an employer or teacher might be very helpful, please include phone numbers.  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you need childcare during the training? (this must be arranged in advanced) Please give age  
of child(ren) and dates and times when childcare is needed.  
\_\_\_\_\_  
\_\_\_\_\_
9. Is there anything else you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thanks!**

**Please Return By:** \_\_\_\_\_

