

Date of Application: _____

VOLUNTEER APPLICATION

Name: _____

Address: _____

Email: _____

Phone: Home: _____ Cell: _____

Date of Birth: ____ / ____ / ____

Current employer name: _____

Current employer phone: _____

Are you fluent in languages other than English? Yes ___ No ___ If yes, please list: _____

Check the volunteer opportunities that most interests you (you may check more than one):

- _____ Victim Advocate
- _____ Court Advocate
- _____ SafeHouse Advocate
- _____ Child Care
- _____ Office/Administrative
- _____ General Agency Assistance (fundraising, events, maintenance, etc)
- _____ Food Bank Volunteer
- _____ ATV Ambassador

Availability

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Daytime | | | | | | | |
| Nighttime | | | | | | | |

Education

| School | City | State | Year Completed |
|-------------|------|-------|----------------|
| High School | | | 1 2 3 4 |
| College | | | 1 2 3 4 |
| Other | | | |

1. How did you hear about Alternatives to Violence's volunteer program?

2. Please describe any previous volunteer experience you have:

3. Have you ever been arrested for a crime against a person or investigated for a domestic, child, or sexual abuse offense?

Yes ___ No ___ If yes, please explain: _____

4. If interested in a direct service role (working with clients), are you able to complete an 18 Core Training?

Yes ___ No ___

5. Are you able to complete, with or without reasonable accommodations, the essential functions outlined in the volunteer job description of the position in which you are interested?

Yes ___ No ___

References

Please list three references other than family or spouse that know you well.

| | | | |
|----|-------|-------|--------------|
| 1. | _____ | _____ | _____ |
| | Name | Phone | Relationship |
| 2. | _____ | _____ | _____ |
| | Name | Phone | Relationship |
| 3. | _____ | _____ | _____ |
| | Name | Phone | Relationship |

Thank you for taking the time to complete this application. Alternatives to Violence is committed to excellence in victim services. Your application will be reviewed by the Volunteer Coordinator. You will be contacted if selected for an interview. A background check (paid for by ATV, will be required for any volunteer role).

I have read and understand the above statement. Any inaccurate or false information on the application will be grounds for disqualification from the volunteer program, and/or grounds to terminate your participation in the volunteer program. By signing this application, I attest that all information provided is true to the best of my knowledge.

Volunteer Printed Name:

Volunteer Signature

Date

Staff Signature

Date