Date of Application: _____

VOLUNTEER APPLICATION

Name: _____

Address: _____

Email: _____

Phone: _____ **Date of Birth: ____/____/____**

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):

____Task Volunteer

____ Front Line Volunteer

____ Court Volunteer

____ Event Volunteer

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				

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

_____

_____

Please describe any previous volunteer experience you have:

_____

_____

_____

_____

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 _____

_____

_____

_____

***Alternatives to Violence requires a background check to become a volunteer.**

***All volunteer opportunities require training.**

***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 ____

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

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 my 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