

AVALON CENTER

**DOMESTIC VIOLENCE & SEXUAL ASSAULT PROGRAM
VOLUNTEER APPLICATION**

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Work) _____ (Home) _____ (Cell) _____

E-Mail: _____

Emergency Contact Person: _____ Phone Number _____

Why are you interested in becoming an Avalon Center volunteer?

What skills, areas of expertise or background would you bring to Avalon Center as a volunteer?

Have you ever been a volunteer before?

- Yes
- No

If yes, briefly describe where, for how long and the extent of your volunteer duties:

Are you currently a volunteer at the organization(s) you listed above?

- Yes
- No

If you are no longer a volunteer at the organization(s) you listed, was it your decision to leave?

- Yes
- No

If yes, why did you decide to leave? _____

Do you have any prior experience working with people in crisis/stressful situations?

- Yes
- No

If yes, please explain: _____

What volunteer areas are you interested in? (Check all that apply)

- Second Chance Re-Sale Shop (numerous areas available)
- Crisis Line Responder (answering the crisis line)
- Office / Clerical / Phones (filing, copying, etc.)
- Computer skills (document production, data entry, etc)
- Fundraising (events, mailings, etc)
- Community Education (survivor speak-outs, assist staff w/ events)
- Facility Maintenance (complete minor repairs, improvements, etc)
- Other _____
- Other _____
- Other _____

When are you available to volunteer? (Please indicate which days of the week and time of day you prefer).

<input type="checkbox"/> Sundays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Mondays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Thursdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Fridays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Saturdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night

Please estimate the total amount of time you would like to volunteer each week:

- 1-3 hours
- 3-6 hours

VOLUNTEER APPLICATION

Page -4-

Please list 3 professional references (not family):

Name: _____	Relationship _____
Address: _____	
City: _____	State _____ Zip _____
Phone: (Work) _____	(Home) _____

Name: _____	Relationship _____
Address: _____	
City: _____	State _____ Zip _____
Phone: (Work) _____	(Home) _____

Name: _____	Relationship _____
Address: _____	
City: _____	State _____ Zip _____
Phone: (Work) _____	(Home) _____

Have you ever been convicted of a felony or misdemeanor?

- Yes
- No

If yes, please explain: _____

Do you have a valid driver's license?

- Yes
- No

Please read and sign the following statement:

I understand that my acceptance as a volunteer with Avalon Center may be subject to a favorable, routine inquiry of law enforcement records. I give Avalon Center permission to make such routine inquiries. I also give Avalon Center permission to contact the references I have provided on this application. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from Avalon Center's volunteer services.

Applicant's Signature _____ Date _____

For Program Use Only		
Date Application Received: _____	Orientation Date: _____	Interview Date: _____