

VOLUNTEER APPLICATION

DATE: _____
FULL NAME: _____
MAIDEN NAME: _____
ADDRESS: _____

E-MAIL: _____
POSTAL CODE: _____
TELEPHONE: RESIDENCE: _____
BUSINESS: _____

DATE OF BIRTH: _____ (DAY/ MONTH/ YEAR)
SEX: _____

DO YOU HAVE ACCESS TO A CAR? _____
VALID DRIVER'S LICENSE? _____

DO YOU HAVE A CRIMINAL RECORD FROM WHICH YOU HAVE NOT
BEEN PARDONED? YES _____ NO _____

EDUCATION AND RELATED TRAINING:

HIGHEST SCHOOL GRADE: _____
UNIVERSITY/COLLEGE: _____
OTHER: _____

EMPLOYMENT:

OCCUPATION: _____
PLACE OF EMPLOYMENT: _____

PREVIOUS WORK EXPERIENCE: _____

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE?

YES _____ NO _____

IF YES, PLEASE LIST:

1. _____
2. _____
3. _____
4. _____

DO YOU SPEAK, READ OR WRITE ANY LANGUAGE OTHER THAN
ENGLISH? _____

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH ENVISION AT
THIS TIME?

VALUES AND ATTITUDES:

DO YOU HAVE ANY PERSONAL OR PROFESSIONAL EXPERIENCE IN THE AREA OF FAMILY VIOLENCE?

YES _____ NO _____

If yes, please explain in what way:

ARE THERE ANY TOPICS THAT MIGHT BE DIFFICULT FOR YOU DEAL WITH? (SEXUALITY, BI-SEXUALITY, HOMOSEXUALITY, MASTURBATION, ABORTION, SUICIDE, OFFENDERS, PEOPLE YOU KNOW)

DO YOU BELONG TO A RELIGIOUS, POLITICAL, OR PHILOSOPHICAL ORGANIZATION, OR HOLD CERTAIN BELIEFS THAT WOULD AFFECT OR INFLUENCE YOUR DIRECT SERVICE TO SURVIVORS?

HOW DID YOU HEAR ABOUT THIS VOLUNTEER PROGRAM?

WHEN WOULD YOU BE AVAILABLE FOR AN INTERVIEW?
(DAY/EVENING/WEEKEND)

WHAT TIMES ARE BEST FOR TRAINING? (DAY/EVENING/WEEKEND)

WHAT COMMITMENT ARE YOU WILLING TO GIVE AS A VOLUNTEER?

WEEKENDS: YES ___ NO ___ WEEKDAYS: YES ___ NO ___ EVENINGS:
YES ___ NO ___

REFERENCES

PROFESSIONAL

NAME: _____

POSITION: _____

ADDRESS: _____

PHONE: _____

PERSONAL

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO YOU: _____

PLEASE FEEL FREE TO ADD ANY OTHER COMMENTS OR INFORMATION:

ALL THE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME:

DATE:

SIGNATURE:
