

Lewis County Opportunities, Inc. Domestic Violence & Rape Crisis Program

For Office Use:	
_____	Date Received
_____	Date Interviewed
_____	Accepted
_____	Position
_____	Denied
_____	Reason

Application To Volunteer

All information provided on this application will remain confidential regardless of the outcome of this application.

1. Date of Application: _____
2. Name: _____
3. Social Security #: _____
4. Address: _____

5. Telephone: (Home): _____
(Work): _____

6. Hours Available: _____

7. Occupation: _____
8. Are you over age 18? _____

9. How many of the following service areas would you be willing to volunteer for?
Hotline _____ Community Education _____
Clerical/Office Help _____ Make-over Buddy _____
On-call Advocacy* _____ *Special application process required

10. What prior courses or training dealing with domestic violence or sexual assault have you had?

11. List any skills, work or volunteer experience that you have relating to domestic violence or sexual assault. Include the name and phone number of a contact person who can verify your experience.

- 12a. List any memberships or community organizations/affiliations to which you belong, along with a contact person and phone number.

- 12b. Will you agree to let us contact any organizations that you have listed?

13. Are you a survivor of: (Check all that apply)
Child Sexual abuse _____ Rape/Sexual Assault _____
Cult abuse _____ Domestic Violence _____
Child Witness of Domestic Violence _____

14. Do you know someone who is a survivor of: (Check all that apply)
Child Sexual Abuse _____ Rape/Sexual Assault _____
Cult abuse _____ Domestic Violence _____
Child Witness of Domestic Violence _____

15. If you answered yes to question 13 or 14, what type of counseling have you received to help you deal with these issue(s) if applicable?

16. If you responded to question 15, where did you receive counseling for the issue(s)? (E.g. mental health clinic, private therapist, etc.)

17a. Tell us how you think a survivor of domestic violence or sexual assault would feel regarding the following issues: shame, anger, trust and responsibility for the abuse/assault?

(Attach additional sheet if needed)

17b. If you are a survivor, how have you dealt with these issues?

18. Who do you feel is responsible for abuse/assault, whether it is sexual abuse, rape, or domestic violence?

19. How did you learn about Opportunities' Domestic Violence and Rape Crisis Department?

20. Please tell us why you are interested in becoming a volunteer?

(Attach additional sheet if needed)

21. Character References:

Please provide the name, complete address and phone number, if known, of three people (not relatives) who have known you more than a year that we may contact regarding your character:

Name Address Phone number

a. _____
b. _____
c. _____

22. Have you ever been convicted of a violation, misdemeanor or felony? _____

If yes, explain:

I realize that by filling out this application, I will be considered for, but not guaranteed, a position as a Domestic Violence and Rape Crisis Volunteer. If appointed as a volunteer, I agree to volunteer for one year. During that time I agree to abide by the policies and procedures of Lewis County Opportunities, Inc. Domestic Violence and Rape Crisis Department, and to fulfill the volunteer responsibilities to the best of my ability.

SIGNATURE _____

DATE _____

