



Volunteer Application

Name: _____ Date: _____

Address: _____

Phone #: _____ Work #: _____

Email address: _____ Birthday: _____

Occupation/Year in School: _____

References

1. Name: _____ Phone: _____

Relationship to applicant: _____

2. Name: _____ Phone: _____

Relationship to applicant: _____

Why are you interested in volunteering with The Family Crisis Center? _____

What type of work are you interested in doing with The Family Crisis Center? (office, hotline, childcare, shelter, etc.) _____

What would you like to gain personally from working with The Family Crisis Center? _____

Please describe any previous volunteer experiences. _____

Please describe any previous work or volunteer experience related to domestic, dating, and sexual violence. _____

What personal strengths will you bring to this volunteer experience? _____

Describe particular skills/knowledge that you have that would be helpful in your volunteer position. _____

Have you or someone you cared about experienced domestic, dating, or sexual violence?
(Both survivors and non-survivors can make excellent volunteers. The topics covered in training can be difficult for everyone, but can be especially challenging for people who have personal experience with violence. If you are a survivor, please inform us in this application so we can best meet your needs.) _____

Are there any issues related to domestic, dating, or sexual violence that might be difficult for you to deal with during training? _____

Are there any topics related to domestic, dating, or sexual violence that you would like to learn more about during training? _____

How did you learn about The Family Crisis Center? _____

How long of a time commitment do you plan to make as a volunteer? _____

Please return this form to Olga Butler, prior to the start of training.

Thank you for your interest in becoming a volunteer!