



Advocating for victims of crime and abuse

Volunteer Application Form

PLEASE PRINT IN INK.

NAME:

Last

First

Middle

Suffix

THIS INFORMATION IS CONFIDENTIAL

MAILING ADDRESS:

Street

Apt/Unit or PO Box

City

State

Zip Code

HOME NUMBER: ()

CELL PHONE NUMBER: ()

E-MAIL ADDRESS:

What is the best way to contact you:

Home Phone

Cell Phone

Email

GENDER: Male Female

BIRTH DATE:

Month

Day

Year

BACKGROUND CHECK: A background check is required to volunteer at Prevail.

LANGUAGE PROFICIENCY: language skills, other than English, you have and your level of proficiency (speak, read, write, etc.).

Language:

Level of Proficiency:

LEVEL OF EDUCATION: Please list your highest level of education, certifications, licenses or special training.

CURRENT EMPLOYMENT			
CURRENT EMPLOYER		Job Title	DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)			From: Mo Yr /
Supervisor Name:	Title:	Phone:	To: Mo Yr /
Duties			

VOLUNTEER EXPERIENCE	
Name	Business/Occupation
Address (Street, City, State, Zip Code)	Phone
Duties	

VOLUNTEER EXPERIENCE	
Name	Business/Occupation
Address (Street, City, State, Zip Code)	Phone
Duties	

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the volunteer position for which you are applying.		
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

Short Essays

Describe why you want to volunteer at Prevail:

Describe your skills and experience that would benefit Prevail:

Describe your knowledge and understanding of domestic violence, sexual assault, child abuse or elder abuse:

Please include any additional information, views, or comments:

Pre-Interview Information

- | | | | |
|----|--|---|---|
| 1. | Have you used illegal drugs in the last three (3) years? | Y | N |
| 2. | Have you been arrested for any crime in the last 10 years? | Y | N |
| 3. | Have you been involved in any illegal activity that would disqualify you as a volunteer? | Y | N |
| 4. | Are you able to volunteer a minimum of 2-3 hours per week? | Y | N |
| 5. | Are you able to make a one (1) year commitment to PREVAIL as a volunteer? | Y | N |

If you answered (Y) yes to Questions 1, 2 or 3 please explain.

CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a volunteer position with Prevail.

Signature

Date

FOR AGENCY USE ONLY

First Position:

Second Choice:

Day(s) able to volunteer: Mon Tue Wed Thur Fri

Hours able to volunteer:

Orientation Date: _____

Training Date: _____

FOR AGENCY USE ONLY

Application Reviewed:

Accepted Declined

Reason for denial:

- | | | |
|---|---|---|
| <input type="checkbox"/> Interviewed #1 | <input type="checkbox"/> Background checked | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Interviewed #2 | <input type="checkbox"/> Assigned to Training | <input type="checkbox"/> Training Completed |
| <input type="checkbox"/> Assigned to Position | | |