

Contact Date	Interview Date	Orientation Date



Volunteer

Application Form

Volunteer Opportunities (Please select all opportunities that interest you)

Direct Service: As a member of the direct-service volunteer program you will participate in the **24-hour hotline coverage, working at our emergency women's shelter, provide legal advocacy, and children's support services.**

*** Important note: Direct-service volunteers are required to complete a DV and SA Core Training course before they can meet with clients.

Indirect Service: Indirect service volunteers provide a wide range of services to support the various programs at SDVSAS. Activities for indirect service include: **outreach and public education, support for the prevention program, administrative support, filing and database entry, reception at office, assistance with community donations, children's program support, technical assistance, DVSA awareness month activities, and fundraising events.**

Contact Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ E-mail: _____

Preferred method of contact and best time to reach you: _____

How did you hear about our organization?

Website Newspaper Friend Poster Other: _____

Other Information

Availability: Please indicate the hours you are available.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Languages you speak: English Spanish Other: _____

How long can you commit to volunteer (six month minimum): _____

Are you interested in internships? YES NO

Do you have a reliable vehicle and valid driver's license? YES NO

Have you or someone you know ever received our services? YES NO

If so, when? _____

EXPERIENCE

Please briefly describe any experiences, training, or education that enable you to be a Skagit Domestic Violence and Sexual Assault Services Volunteer.

What is your highest level of education completed?

- Some High School High School graduate/GED Some College
 A.A. Degree Bachelor's Degree Post-Graduate

Degree/Program _____

References

Current employer: _____ Supervisor: _____

Email: _____ Phone: _____

Please list two character references:

Name: _____ Phone: _____

How Many Years Known: _____ Email: _____

Name: _____ Phone: _____

How Many Years Known: _____ Email: _____

Background

Have you ever been convicted of a crime? If so, what was it? YES NO

Comments

Please complete this application and return it to Skagit Domestic Violence and Sexual Assault Services in person, by mail, or by fax!

PO Box 301
1521B Leigh Way; Mount Vernon, WA 98273
Fax: (360) 336-9593

Thank you for taking time to apply with us.

Feel free to call or write the Volunteer Coordinator if you have any questions!

Volunteer_coord@skagitdvsas.org

(360) 336-9591

CRIMINAL HISTORY INFORMATION

It is the policy of Skagit Domestic Violence & Sexual Assault Services that all staff and volunteers have a Washington State Patrol background check.

Because of the nature of the work that is performed at Skagit DVSAS, specific steps have been set in place to help protect clients from re-victimization. One of these steps is a mandatory background check. The background check is an essential part of our screening process and helps determine an individual's appropriateness to work within the agency. All board members, staff and volunteers must agree to have a background check completed if they want to be considered as a volunteer or employee. The presence of a criminal history does not necessarily disqualify an applicant from volunteering or gaining employment with Skagit DVSAS. Factors that are considered include the type of offense, when the offense was committed, circumstances of the event and current status within the legal system. Skagit DVSAS reserves the sole right to accept or deny any volunteer or employee applicant as they deem appropriate.

I give my permission for Skagit Domestic Violence & Sexual Assault Services to submit a request to the Washington State Patrol for a background check on me. Please note: This information is kept confidential and will not be given out or used for any other purpose then stated.

(PLEASE PRINT CLEARLY)

Your First Name: _____

Your Middle Initial (if you have one): _____

Your Last Name: _____

Your Date of Birth: ____/ ____/ _____

All information must be filled in.

Signature: _____

Date: _____