

## VICTIM SERVICES VOLUNTEER APPLICATION

Please complete the following four (4) pages. Please PRINT and return the completed application to Jessica Galimore via email: [jgalimore@safeshores.org](mailto:jgalimore@safeshores.org), or via fax: (202) 280-1082 or mail.

**Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the confidentiality requirements of Safe Shores. No individual will be rejected because of race, color, religious creed, national origin, gender, sexual orientation, age, or marital status.**

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Check one):  Male  Female  
(Must be over 18 years of age)

Name of contact to call in case of emergency: \_\_\_\_\_

Relationship of emergency contact to applicant: \_\_\_\_\_

Contact's Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you volunteering to participate in the Victim Services Volunteer Program?  Yes  No

If no, please specify: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer/University: \_\_\_\_\_ Position/Major: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Please check one:  Full-Time  Part-Time  Retired  Student  Other

Brief description of work/or major in University: \_\_\_\_\_

Are you volunteering on behalf of an organization?  Yes  No

If yes, name of organization: \_\_\_\_\_

**VOLUNTEER INFORMATION**

How did you learn of Safe Shores- The D.C. Children's Advocacy Center?

- Friend/Relative (please list): \_\_\_\_\_  Website: \_\_\_\_\_
- TV  Newspaper/Magazine  Religious Organization: \_\_\_\_\_
- Website: \_\_\_\_\_  University: \_\_\_\_\_
- Other (please list): \_\_\_\_\_

Please explain why you are interested in becoming a volunteer with the Safe Shores:

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Do you have any personal concerns about working in an agency that serves victims and families affected by child sexual or physical abuse or violent crime? If so, please explain.

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Please list any current or prior volunteer/community activity experiences (organization, position, and duration):

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Please list any areas of expertise or special skills you could bring as a volunteer to Safe Shores:

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Please list languages, other than English, in which you speak fluently.

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Please indicate the period of time you are able to commit to serving as a volunteer:

- One time/project    
  3-6 months/one semester    
  6-12 months    
  At least a year

Preferred start date of volunteering commitment (month/year): \_\_\_\_\_

Availability as a Safe Shores Volunteer: (Check all that apply):

- I would prefer to volunteer at a regularly scheduled time **each week.**      Yes      No  
 I would prefer to volunteer at regularly scheduled times **each month.**      Yes      No  
 I would prefer to be **on a call list** of volunteers to be contacted when help is needed for projects at Safe Shores.      Yes      No

Please complete the days and times you would be available:

MON                  TUES                  WED                  THURS                  FRI  
 \_\_\_\_\_

What are the strengths you feel you will bring to this program?

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**BACKGROUND INFORMATION**

Have you had a personal experience involving the following? If so, please explain:

Child Welfare: \_\_\_\_\_

Juvenile Court System: \_\_\_\_\_

Foster Care: \_\_\_\_\_

Other agencies offering services to a child: \_\_\_\_\_

If applicable, have your children ever utilized the services of Safe Shores? \_\_\_\_\_

Have you ever been convicted of a crime?      Yes      No

Have you ever been accused of a sexual related crime?      Yes      No

If YES, list convictions and dates:

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## REFERENCES

Please PRINT three (3) persons of reference who know you well (**non-family**), at least one of which is a person with whom you have worked in either a paid or unpaid capacity. If you are currently employed, either paid or unpaid, please include the name of your supervisor.

Name & Relationship/Title	Complete Address (Street, City, State & Zip)	E-Mail Address/Telephone
1.		
2.		
3.		