

VICTIM SERVICES VOLUNTEER APPLICATION

Please complete the following four (4) pages. Return the completed application to Jessica Galimore via e-mail: jgalimore@safeshores.org, fax: (202) 280-1082 or mail.

The criterion used in the selection of volunteers insures that individuals are able to meet the confidentiality requirements of Safe Shores – The DC Children's Advocacy Center. 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 about Safe Shores?

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

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

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.

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

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

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

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
I would prefer to volunteer at regularly scheduled times **each month.** Yes
I would prefer to be **on a call list** of volunteers to be contacted when help is needed for projects at Safe Shores. Yes

Please complete the days and times you would be available:

MON TUES WED THURS FRI

What strengths will you bring to this program?

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:

REFERENCES

Please PRINT the names of three (3) references who know you well (**non-family**), at least one of which is a 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.		