



Volunteer Application Form

Attention: Laura Ross

P.O. Box 5466 Cleveland, Ohio 44101-0466

216-688-7295

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____ Alt/Cell _____

Email _____ Birthday ____/____/____ Are you 18 or older _____

Are you presently working/in school? _____ If so, where? _____

If you are currently seeing a Counselor/Therapist/Psychologist, etc., regarding issues of domestic violence, rape and/or sexual abuse, it would be helpful for us to receive a letter from that professional stating that Volunteerism with us is appropriate for you at this time.

How did you hear about us? _____

Why do you want to work with our agency and domestic violence survivors? _____

Name three qualities/skills you have to offer survivors of domestic violence:

Name three things you expect to gain from your volunteer work:

List present/previous volunteer experiences:

Please list your availability (day, evening, weekends)?

What type of volunteering would you like to do with the agency? Do you want to volunteer on an on-going basis or help for a one time event?

Please give names & phone numbers of 3 non-relative references that you have know for at least 1 year:

Name

Daytime Phone

Relationship

Have you ever had any previous contact with the Center for Prevention of Domestic Violence, Templum, Witness Victim Service Center, Project Chai, or Cleveland Rape Crisis Center? _____

If yes, please explain:

Have you been convicted of a felony? _____

If yes, please explain:

We have a non-violence philosophy for clients using our services, staff and volunteers. This means that there is no verbal, emotional or physical abuse allowed by women & children residing at shelter, by clients, staff or volunteers involved with our agency. Do you feel comfortable adopting this philosophy during your time as a volunteer? Please explain:

(Optional) We strive to meet the diverse needs of the people in Cuyahoga County based on race, gender, sexual orientation, class, age, etc. Please explain ways you can promote, participate, or support this work:

ALL VOLUNTEERS MUST ATTEND ANYWHERE FROM A 6-30 HOUR TRAINING DEPENDING UPON THEIR POSITION AND CONSENT TO A CRIMINAL BACKGROUND CHECK.

I am willing to participate in the screening, orientation and training procedures involved. I will keep the confidentiality code enforced by the agency and other victim serving agencies allied with DVC. I understand that I am required to work 4 hours per week for 1 year after completion of volunteer training.

Signed _____ Date _____ SSN _____



Please list the name and telephone number of a person we can contact in case of an emergency.

Name/Relationship _____ Telephone Number _____