

VOLUNTEER TRAINING APPLICATION

This information will be kept strictly confidential.

Please type or print clearly.

Applying for:

- Professional Development - (Education only with no training/volunteer hours)
- Domestic Violence Certification (Volunteer training hours REQUIRED)
- Community Service Only (No Education/No Domestic Violence Certification)
- Other (please specify) _____

Name:

First Last Date

Address:

Street Address City State Zip

Contact

Information:

() () ()

Home Phone Cell Phone Work Phone

Email Address

Best way to reach you? Home ___ Cell ___ Work ___ Email ___

Employment

Information:

Occupation Employer / School

Emergency

Contact:

_____ ()

Name Phone Number

Please specify if any education or employment has been under a different name:

Alternate Name(s)

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

If yes, please specify date, place, and charge:

How did you learn of our Volunteer Program?

What is the last grade of school you completed?

Languages spoken:

Please answer the following questions. Use additional sheets of paper if necessary:

What qualities, special skills, or experiences do you have that would enhance your volunteer contribution to our program?
(May include past work experience, volunteer experience, and/or education.)

Have you ever volunteered with other agencies? What agencies? For how long? What made that experience successful or not successful in your opinion?

What is your interest in working for a domestic violence prevention agency?

Are you familiar with the Battered Women's Syndrome or the Cycle of Violence?

What experience have you had with domestic violence?

What experience have you had with crisis situations or people in crisis?

What do you foresee as being challenging for you about doing this work?

How do you take care of yourself when doing emotionally challenging work?

What experience have you had working with diverse populations?

Everyone has different ways of processing new information and skills. How would you describe your learning style?

Please complete the following section only if you intend to volunteer at A Safe Place.

When would you be able to volunteer? Please fill in the start and end times of your availability in each time slot. If you are unavailable in a particular timeslot, leave blank.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please list three (3) character references:

Name	Phone	Relationship
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	()	
	()	

Please check any of the following volunteer opportunities that interest you:

- | | |
|---|---|
| <input type="checkbox"/> 24-Hour Crisis Line | <input type="checkbox"/> Shelter Support |
| <input type="checkbox"/> Children's Program | <input type="checkbox"/> Counseling Program |
| <input type="checkbox"/> Teen Violence Prevention Program | <input type="checkbox"/> Community Education and Outreach |
| <input type="checkbox"/> Administrative/Fund Development | <input type="checkbox"/> Special Events |

By signing above, I certify that the information provided on this application is true and correct.

Please initial below, if applicable:

_____ I further understand that if I am interested in Domestic Violence Certification, I must attend all education sessions and complete volunteer training hours with a minimum of 3-6 month commitment.

Thank you for your interest in A Safe Place!

<p>Please fax your completed application to 510-986-8606 or mail to: A Safe Place PO Box 23006 Oakland, CA 94623</p>
