

Davie Domestic Violence Services & Rape Crisis Center

A United Way Agency

Dear Prospective Volunteer:

Thank you for your interest in volunteering for Davie Domestic Violence and Rape Crisis Center and becoming an integral part of the mission to help victims of domestic violence and sexual assault rebuild their lives. The steadfast dedication and tireless energy of volunteers sustain the life-saving services of our organization.

We are very excited you have chosen to volunteer and look forward to embarking on this journey with you.

Attached you will find our volunteer application which will assist us in getting to know you a little better and assessing what opportunities we can provide to enhance your experience with us. There are abundant volunteer possibilities in both direct and indirect services at DDVS & RCC. Direct service refers to activities in which you will be working directly with victims and requires mandatory advocacy training prior to service. Indirect service encompasses all other volunteer activities including special events assistance, administrative support and outreach activities. In your application, we will ask you to designate if you will initially pursue direct or indirect service. This does not limit your future avenues of service, but instead helps us to cater the training requirements to your immediate needs. It is also possible that our current agency needs may take precedence in the placement process and your flexibility is appreciated.

In addition, by law, we are required to conduct criminal background checks on all prospective volunteers. Our agency covers the cost of conducting the background check in-house and it is a highly confidential process. The accompanying form authorizes DDVS & RCC to conduct the criminal records check. Should something of concern arise in the background check, all information will be kept confidential between the individual and the volunteer coordinator. If you have questions or concerns regarding this process, please feel free to inquire. Upon receipt of your completed application, the volunteer coordinator will contact you to set up a personal interview. You are encouraged to be in touch with her as you fill out the application if you have questions or to discuss your interests.

We look forward to receiving your application and commend you on your generous decision to give graciously of your time by helping to support women and children who are seeking to rebuild a life free of violence.

Volunteer Application

The following information will be kept confidential.

Please type or print legibly (do not use pencil or felt-tip marker).

Date:	Are you under the age of 18?
_____	_____
Name:	Home Phone:
_____	_____
Address:	Work Phone/Fax:
_____	_____
City/State/Zip:	Cell Phone:
_____	_____
Place of Employment/School:	Email Address:
_____	_____

Does your employer offer a matching fund or company contribution for your volunteer service?

Yes No

How did you learn about Davie Domestic Violence Services and Rape Crisis Center volunteer program?

Are you volunteering to fulfill school/church requirements? Yes No

If yes, what group? _____ How many hours are you required to complete? _____ By what date? _____

What days are you available to volunteer? _____

What time of day are you available to volunteer?

Morning Afternoon Evening

How did you become interested in working with survivors of domestic violence?

What job experience, activist work, professional training or academic coursework do you offer that pertains to the domestic violence field? What additional skills could you contribute to DDVS & RCC (e.g., linguistic, technical, artistic, etc.)?

Please describe any previous experiences and assess your comfort level in working with diverse and vulnerable populations.

Which avenue of volunteer service will you pursue? What programs or volunteer assignments appeal most to you at this point in your application?

What will your general availability be (e.g., evenings, daytime, weekends, specific days)?

How do you create and maintain healthy boundaries and why do you think it is critical to observe boundaries in an emergency shelter setting?

How will you take care of yourself in an intense climate where crisis is an ongoing aspect of the work?

If you or an immediate relative is a survivor of domestic or sexual violence, please describe where you are in your healing process and how you think this will impact you in this work.

What would you like to learn and ultimately accomplish from your volunteer service with DDVS & RCC?

Do you have anything else you would like to share or mention? Do you have any specific questions or concerns for us?

Please provide one professional and one personal reference below (no family members).

Name/Job Title: _____	Relationship: _____
Contact Phone No(s): _____	Years Known: _____
Name/Job Title: _____	Relationship: _____
Contact Phone No(s): _____	Years Known: _____

The following information is not required, but will help DDVS & RCC when applying for grant funding:

Gender: Male Female

Ethnicity: Caucasian African-American Hispanic
 Asian Native American Other (specify) _____

I have made no willful misrepresentations, omissions or falsifications of any kind on the preceding responses. I am aware that should investigation disclose misrepresentations, omissions or falsifications in the information I have submitted in this consent form that my application will be rejected. If any future investigations should disclose misrepresentations, omissions or falsifications, it will be considered just cause for dismissal.

Signature: _____ Date: _____
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Emergency Contact and Medical Information Form

PERSONAL INFORMATION

Employee/Volunteer Name:	
<hr/>	
Address:	
<hr/>	
Daytime Phone:	Evening Phone:
<hr/>	<hr/>

EMERGENCY CONTACT INFORMATION

Family Member to Contact:	Relationship:
<hr/>	
Address:	
<hr/>	
Daytime Phone:	Evening Phone:
<hr/>	<hr/>
Local Friend/Relative to Contact:	Relationship:
<hr/>	
Address:	
<hr/>	
Daytime Phone:	Evening Phone:
<hr/>	<hr/>

MEDICAL INFORMATION

Medical Insurance Company:	Group/ID Nos.:
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Special Medical Needs/Allergies:	Preferred Hospital:
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