



172 S. Clement Street, Suite 2, Mocksville, NC 27028

(336) 751-3450

Dear Prospective Volunteer:

Thank you for your interest in volunteering for Davie Center for Violence Prevention 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 DCVP. 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 county's Human Resource Department conducts all background checks and it is a highly confidential process. 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 Center for Violence Prevention 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 Davie Center for Violence Prevention (e.g., linguistic, technical, artistic, etc.)?

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

Which of the following volunteer opportunities appeal to your interest:

- Working one on one with victims/survivors as they seek services
- 24/7 crisis line advocacy
- court advocacy
- Co-facilitating support group meetings
- Working “behind the scenes” on awareness projects, general office tasks, special events
- Serving on a committee

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 a crisis-oriented environment?

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, how will this impact you in this work?

What would you like to learn and ultimately accomplish from your volunteer service with Davie Center for Violence Prevention?

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:

<hr/>	
Address:	
<hr/>	
Daytime Phone:	Evening Phone:

MEDICAL INFORMATION

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