PERSONAL INFORMATION:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last, First, Middle Initial)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If related to anyone in our employ, provide name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received services from DASACC? If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATION: Name & Location of School | Date Graduated | Degree | Subject Studied |
| High School |  |  |  |
| College |  |  |  |
| Graduate |  |  |  |
| Other |  |  |  |

Subjects of Special Study or Research Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign language: Speak fluently \_\_\_\_\_\_\_\_\_\_\_\_ Read: \_\_\_\_\_\_\_\_ Write:\_\_\_\_\_\_\_\_\_\_\_\_\_

List activities, special interest, hobbies that you enjoy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER HISTORY:

|  |  |  |
| --- | --- | --- |
| Date Month/Year | Name of Agency | Volunteer Position |
| From:\_\_\_\_ To:\_\_\_\_\_\_\_ |  |  |
| From: \_\_\_\_ To: \_\_\_\_\_\_\_ |  |  |

What interests you about helping victims of domestic violence and sexual assault?

EMPLOYMENT:

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name | Location | Job Title | Dates Employed |
|  |  |  |  |
|  |  |  |  |

PHYSICAL RECORD: Do you have any impairment that would interfere with your ability to perform the job for which you have applied? If so, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following volunteer opportunities interest you? (Please rank in order of preference)

Direct Client Opportunities (require 60 hr training):

\_\_\_\_ Hotline Advocate

\_\_\_\_ Court Advocate

\_\_\_\_ Domestic Violence Response Team (DVRT)

\_\_\_\_ Sexual Assault Response Team (SART)

Other Opportunities (require limited training):

\_\_\_\_ Community Fairs & Presentations

\_\_\_\_ Buildings & Grounds

\_\_\_\_ Child Care

\_\_\_\_ Fundraising

\_\_\_\_ Office Support

\_\_\_\_ Other (please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available: (Please check appropriate boxes.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Varies \_\_\_\_\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my volunteer time is for no definite period and may be terminated at any time without any previous notice. I agree that by signing this application, DASACC will have a criminal background check performed by the Sheriff’s Office. There is a $20 fee that will be paid prior to starting the training. I understand I cannot start the training without this payment or making accommodations with the Volunteer Coordinator.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do Not Write Below This Line

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

Fax/Mail to: Hailey Fritzsch

Phone: 908-453-4121 x310

Email: hfritzsch@dasacc.org

Domestic Abuse & Sexual Assault Crisis Center

29B Broad Street

Washington, NJ 07882

Fax: 908-223-1145