

Domestic Abuse & Sexual Assault Crisis Center (DASACC) Volunteer Application

PERSONAL INFORMATION:

Name: _____ DOB: _____ Email: _____
(First, Last)

Mark Preferred Pronouns: _____ SHE/HER/HERS _____ HE/HIM/HIS _____ THEY/THEM

Address: _____

Telephone #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

If related to any DASACC staff (current or previous), 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			

Foreign language: Speak fluently _____ Read: _____ Write: _____

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 (current and/or relevant):

Agency Name	Location	Job Title	Dates Employed

Do you have any impairment that would interfere with your ability to perform the role 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): | Other Opportunities (require limited training): |
| ___ Hotline Advocate | ___ Community Fairs & Presentations |
| ___ Court Advocate | ___ Wardrobe of Hope |
| ___ Domestic Violence Response Team (DVRT) | ___ Fundraising/Event Committee's |
| ___ Sexual Assault Response Team (SART) | ___ Office Support |
| ___ Other (please explain) _____ | |

Monthly availability preference (Please check appropriate boxes.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

YES or NO: I can commit to a minimum of TWO monthly involvements to DASACC following training and onboarding.

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. I agree that by signing this application, DASACC will have a criminal background check performed by the Sheriff's Office. I understand I cannot start volunteering post training without completing background check.

Signature: _____ Date: _____

Do Not Write Below This Line

Interviewed by: _____ Date: _____

CONTACTS:
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