

Branch County Coalition Against Domestic Violence

Volunteer Application

WELCOME! Thank you for your interest in volunteering with us. This application is the first step in learning how your skills will best fit with our organization. Please bring this application with you to your interview or mail it to: BCCADV 220 N. Michigan Ave. Coldwater, MI 49036

Date: _____

Please indicate the capacity in which you are most interested in volunteering:

SHELTER	DV/ SA TASK FORCE	NON-DIRECT SERVICES	CHILDREN	24 HOUR HELP LINE	TEEN PROGRAMS
INTERNSHIP	FUNDRAISING	OFFICE/CLERICAL	PUBLIC SPEAKING	SUPPORT GROUP	As Needed (skill based)

*What skills are you interested/able to share (mechanic, tax prep, moving, etc.)? _____

Name: _____ Date of Birth: ___ / ___ / ___

Phone 1: _____ Phone 2: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

May we add you to our listserv (to receive email updates about us)? YES NO

Which is your preferred method of contact? _____

What is your occupation? _____

If you are currently enrolled in school, what school, year and program are you in? _____

Are you earning course credit for volunteering with us? YES NO

Does your class require on-going crisis intervention, project based or on-time volunteer experience (circle one)? **ONGOING** **PROJECT BASED** **ONE-TIME**

If you need ongoing crisis intervention volunteering for a class will you be able to fulfill our three month volunteer requirement (enrollment in a class is not an exemption from this requirement)? YES NO

Do you speak any languages other than English (incl. ASL)? If so which? _____

What days and times are you available to volunteer? Not sure yet, have to wait for class schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you ever volunteered or worked with us in the past? YES NO

If yes, when and in what capacity? _____

The following two questions are for statistical purposes only.

Please circle your highest level of education:

Grammar School	HS/GED	2 Yr. Degree Associates	4 Yr. Degree in:	Masters	PhD	Trade/Technical School
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How did you hear about us? _____

OVER PLEASE

If you are an owner of a vehicle, and are interested in transporting, a motor vehicle record, valid driver's license and insurance must be on file before and transporting of clients is done. Transporting clients is optional and not mandatory. Please complete the following information if you are interested in transporting clients:

Car: _____ License Plate: _____
(Color, Make, Model) (Include state)

Driver's License Number (include state): _____

Car Insurance Company: _____

If you are unable to provide this information for any reason, you will not be able to transport clients or their children.

Criminal Background Check

Branch County Coalition Against Domestic Violence will check the criminal history of **ALL** volunteers with the Michigan State Police.

Please list any other names that you have been known by or have used in the past:

Have you ever been convicted of a crime? YES NO

If yes please explain: _____

Note: A criminal record will not necessarily disqualify an applicant. A criminal history is one piece of information that will be considered in determining the appropriateness of an individual to be a volunteer.

References

For Direct Service Volunteers: Please provide two references (non-relatives):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Recommendation Letters and Verification of Volunteer Service

We are happy to provide letters of recommendation for volunteers who have volunteered with us for an extended period of time. We will also gladly verify an individual's volunteer service if we have adequate information that the reported hours are accurate.

PLEASE READ AND SIGN:

I have answered the questions on this application to the best of my knowledge, and none of the answers are knowingly false. I meet the organization's requirements for volunteering, as explained elsewhere. I give permission for a criminal background check. I understand the policy regarding recommendation letters and verification of volunteer services. I understand that by volunteering here, that I agree to abide by all BCCADV policies, especially those regarding confidentiality and security. These policies will be further explained to me elsewhere.

Signature

Date

Please copy this page for volunteers.