



Christine Ann

DOMESTIC ABUSE SERVICES, INC.

HELP IS HERE

Thank you for your interest in volunteering. Christine Ann Domestic Abuse Services offers support, education and options to all domestic abuse victims.

We are committed to ending the cycle of violence by providing safety, support and advocacy, as well as cultivating community awareness through collaborative education and prevention programs.

We believe that each individual has value and worth, therefore:

- *No one has the right to abuse another person.*
- *No one should live in fear of abuse in his or her own home.*
- *Everyone should be empowered to make decision regarding his or her life.*

Thank you for your interest in standing up against violence and becoming a volunteer. Once your application is received it may take one to two weeks to process and review. If you have any questions please don't hesitate to contact us at (920) 235-5998.

We look forward to hearing from you soon!



VOLUNTEER APPLICATION

Name _____ Preferred Name: _____

Previous / Maiden Name(s) _____ DOB _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Permanent Address

Street Address _____

City / State / Zip _____

Temporary/Current Address *(if different from above)*

Street Address _____

City / State / Zip _____

How did you hear about our need for volunteers?

- | | |
|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other Agency/Organization |
| <input type="checkbox"/> Newspaper / Radio / Media | <input type="checkbox"/> Presentation / Staff |
| <input type="checkbox"/> Online | <input type="checkbox"/> School |

If comfortable, please list specific source/individual: _____

ABOUT YOU & WHY YOU WANT TO VOLUNTEER

Why did you choose Christine Ann Domestic Abuse Services, Inc?

What does domestic violence mean to you?

Describe how you respond to stressful situations:

What is your primary language? _____ Do you speak any other languages? Yes No

If yes, please list: _____

What is your communication level? Speak Read Write
Please check all that apply

Have you ever received services from Christine Ann Domestic Abuse Services, Inc. Yes No

If yes, please list dates of contact & advocate you worked with: _____

Have you ever been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations? Yes No If yes, please explain:

Are you currently charged or under investigation for any violation of the law other than minor traffic violations? Yes No If yes, please explain:

Are you volunteering to fulfill a community service / court requirement? Yes No

If yes, where/who does your requirement come from? _____

Number of Hours required: _____ Hours needed by (date): _____

EDUCATION / EMPLOYMENT/VOLUNTEER BACKGROUND

Occupation _____ Current Employer _____

College, Professional, Vocational or other schools attended or attending:

School	Dates Attended	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____

Have you previously volunteered elsewhere? Yes No

If yes, please list the organization(s) and dates (if needed please attach additional sheet)

Agency	Volunteer Job	Start/End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER PLACEMENT INFORMATION

Please indicate your primary areas of interest. A description of each can be found on our volunteer opportunities sheet or on our website at www.christineann.net

- | | |
|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Group Projects |
| <input type="checkbox"/> Children's Program | <input type="checkbox"/> Meals that Heal |
| <input type="checkbox"/> Community Outreach & Education | <input type="checkbox"/> Shelter & Helpline Coverage |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> General Shelter | <input type="checkbox"/> Yard & Maintenance Team |

Please summarize or list any special skills and/or qualifications you have acquired from employment, volunteer work, or other activities related to volunteer interests.

Please identify any limitations that might affect your ability to volunteer or perform certain tasks.

Are there any special accommodations required for you to volunteer? Yes No
If yes, please list:

Volunteer Availability

Please specify your preference of day(s) and time(s) below:

- | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Weekends |
| <i>Morning</i> | <i>Morning</i> | <i>Morning</i> | <i>Morning</i> | <i>Morning</i> | <i>Morning</i> |
| <i>Afternoon</i> | <i>Afternoon</i> | <i>Afternoon</i> | <i>Afternoon</i> | <i>Afternoon</i> | <i>Afternoon</i> |
| <i>Evening</i> | <i>Evening</i> | <i>Evening</i> | <i>Evening</i> | <i>Evening</i> | <i>Evening</i> |

Other preferences or comments:

REFERENCES

I, _____, give *Christine Ann Domestic Abuse Services, Inc* permission to contact the references listed below to discuss my suitability as a *volunteer*.

Signature: _____ Date: _____

Please list three persons who have knowledge of your character & qualifications. Your references should be people you know through a variety of relationships and/or situations. For example: a family member or friend, an employer (paid or volunteer position). Please try and limit your references to one friend and/or relative. Include complete name, address, phone number and e-mail.

We find that references have responded best via e-mail

Reference One

Name (first & last): _____

Address (street/city/state/zip): _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Relationship to the candidate: _____ Length of relationship: _____

Reference Two

Name (first & last): _____

Address (street/city/state/zip): _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Relationship to the candidate: _____ Length of relationship: _____

Reference Three

Name (first & last): _____

Address (street/city/state/zip): _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Relationship to the candidate: _____ Length of relationship: _____

EMERGENCY INFORMATION

Emergency Contact 1

Name (first & last): _____

Address: _____

Phone: _____ Alt. Phone _____

Email: _____

Relationship to the candidate: _____

Emergency Contact 2

Name (first & last): _____

Address: _____

Phone: _____ Alt. Phone _____

Email: _____

Relationship to the candidate: _____

I hereby authorize Christine Ann Domestic Abuse Services, Inc to call the emergency contacts listed, hospital or ambulance if a need for emergency medical care exists. In emergency situations you will be transported to the nearest hospital.

Hospital Preference for volunteering in Oshkosh (please circle your preference)

Mercy Medical Center – Oshkosh

Aurora Medical Center – Oshkosh

Signature: _____

Date: _____

ACKNOWLEDGEMENT & AUTHORIZATION

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand the safety of the clients using a domestic abuse shelter and services, and the privacy and confidentiality of these victims is of paramount importance. I acknowledge that these considerations require the agency to carefully screen people who seek to volunteer. Further, I understand and acknowledge the decision about who will be accepted to volunteer and for what activity rests solely within the discretion of the agency.

By signing below, I hereby authorize Christine Ann Domestic Abuse Services, Inc., to investigate any information contained in the attached Volunteer Application. I understand this may include information on my education, employment and prior legal proceedings, and hereby authorize any and all schools, law enforcement agencies, or others to supply any information requested concerning me.

Full Name – Printed: _____

Signature: _____

Date: _____

Legal Guardian

(Signature if a minor): _____

Date: _____

If application is e-mailed – your e-mail address will serve as your signature.

The information contained in this Acknowledgement & Authorization is considered confidential and shall be used for the limited purposes stated herein.

If you have any questions, please contact the volunteer coordinator at (920) 235-5998

or e-mail at dlee@christineann.net