



Volunteer Application Form

Last Name: _____ Maiden/Previous Name: _____

First Name: _____ MI: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Home: (____) _____ - _____ Cell : (____) _____ - _____ Work: (____) _____ - _____

E-Mail: _____ @ _____

How do you prefer to be contacted: _____

May we call you at work? ___ Yes ___ No

Where did you hear about Christine Ann Domestic Abuse Services, Inc. need for volunteers?

- Newspaper/Radio/Media
- Organization
- Presentation/ Staff
- Friend
- School
- On-line
- Other: _____

Please indicate which primary areas of volunteer opportunities in which you would be interested:

- Front Desk*
- General Shelter*
- Children's Program*
- Yard & Maintenance Team
- Cleaning/Donations
- Special Events

(* commitment of 30 hours minimum is required.)

How often would you like to volunteer?

- Once a week
- Twice a week
- Special Events Only
- Once a month
- Twice a month
- As often as needed
- Other _____

Are you volunteering to fill a requirement as a student? Yes No

Number Hours Required: _____

Class/Department: _____

Professor: _____

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

If yes, where does your requirement come from? _____

Total number of hours needed? _____

Have you previously volunteered elsewhere? Yes No

If so, please list the organization(s) and dates:

Agency	Start Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please identify any special talents and or skills you have that might enhance what you can offer us as a volunteer: (examples might be fundraising experience, good with kids.....)

Please identify any limitations that might affect your ability to perform certain tasks:

Are any special accommodations required for you to volunteer? Yes No

If yes, please list:

Have you ever received services from Christine Ann Center Domestic Abuse Services, Inc?

Yes No

If yes, please list when and which advocate

Have you ever been ticketed, arrested, or accused of a crime? ___Yes ___No

If yes, please explain:

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

What does domestic violence mean to you?

Describe how you function in stressful situations:

References: Three references required but limited to one friend and/or relative. Please include complete name, address and phone number.

If you have chosen the children's program please, if possible, choose references that have observed you working with children

Name: _____

Phone #: (____) ____ - ____

Address: _____

City: _____

State: _____

Zip: _____

E-Mail: _____

_____ @ _____

Relationship to you: _____

