

Domestic Violence Intervention Center

6060 Sunrise Vista Dr., Suite 2240, Citrus Heights, CA 95610

FOR OFFICE USE ONLY: Date Received: _____ Interview Scheduled: _____ Status: _____

Volunteer Application

Date: _____

Name: _____ Sex: M F Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Driver's License #: _____ Insurance Carrier: _____ Ins. Exp.: _____

Bi-lingual: _____ speak read write

Education:

High School: Diploma GED

College: Degree: _____ # of years: _____ Postgraduate

Employment:

Occupation: _____ Employer: _____

Address: _____

What made you interested in volunteering for DVIC?

How did you hear about DVIC? _____

Have you been involved with DVIC in the past? Yes No If yes, when, and in what way?

What skills, areas of expertise or aspects of your educational background would you bring to DVIC?

Previous Volunteer Experience:

Agency / Organization	Length of service

Do you have any prior experience working with people in crisis/stressful situations?

Yes No If yes, please explain.

Do you have any prior experience working with children?

Yes No If yes, please explain.

Do you have any prior experience in working with non-English or limited English speakers?

Yes No If yes, please explain.

What volunteer areas interest you most? Please mark all the areas you would like to participate in.

- | | | |
|----------------------------------------------------------|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Community Education | <input type="checkbox"/> Specific Projects |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Transportation | <input type="checkbox"/> Crisis Line |
| <input type="checkbox"/> Volunteer assistant Coordinator | <input type="checkbox"/> SafeHouse Assistant | <input type="checkbox"/> Media |
| <input type="checkbox"/> SafeHouse Night Supervision | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Team Leader / Supervisor | <input type="checkbox"/> Other | |

When are you available? Please check as many as are appropriate and specify time frames.

- | | | | |
|-------------------------------------|----------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Thursdays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Fridays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Saturdays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Sundays | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |

(*SafeHouse after hours staffing assigned after training.)

Background information:

Have you ever been convicted of a felony or misdemeanor?

Yes No If yes, please explain.

It is DVIC policy to conduct a background check, inclusive of fingerprinting, on all DVIC volunteers.

Do you agree to have a background check? Yes No

Do you agree to be fingerprinted? Yes No

Thank you for taking time to complete this application. All information provided will be kept confidential. Your interest in volunteering with DVIC is warmly welcomed.

Please send the completed application along with your resume (if available) to:

Domestic Violence Intervention Center
6060 Sunrise Vista Drive, Suite 2240
Citrus Heights, CA 95610

If you have any further questions, email: info@dvinterventioncenter.org or call: (916) 728-5613