

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work or Cell Phone	
E-Mail Address	
Best way to Contact?	

Availability

During which hours are you available to volunteer?

Weekday: mornings afternoons evenings

Weekend: mornings afternoons evenings

Are you Bilingual? Yes No If Yes, Language(s)

1) Read Write Speak

2) Read Write Speak

Which volunteer opportunities are you interested in?

Accompaniment Administrative Leading Empowerment Group

Peer Advocacy Website Support Special Project

Grant Writing Other

Have you ever been convicted of a law violation (other than traffic) or are you on deferred adjudication or probation? Yes No If Yes, please list offense and when if occurred.

--

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Gender:	Age:	Race/ethnicity:
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:		

Sign:

Date:

Volunteer Skill Inventory

Please circle the skills that you have, and would be willing to use as a volunteer.

Accounting	Licensed Counselor
Artistic	Listening
Bilingual	Marketing
Career Building	Mentoring
Case Management	Microsoft Access
Child Care	Microsoft Excel
Cleaning	Microsoft Publisher
Computer Repair	Microsoft Word
Computer Programming	Microsoft Power point
Copy Machine Operation	Networking
Crisis Intervention	Organizing
Data Entry	Parenting
Decorating	Phone Skills
Dynamics of DV/ SA	Photography
Evaluation/Analysis	Peer Counseling
Event Planning	Public Service Announcements

Facilitating Support Groups	Public Speaking
Filing	Research
Fundraising	Sewing/ Alterations
Gardening	Sorting Donations
Grant Writing	Special Event Planning
Graphic Design	Teaching
Hair Stylist	Technical Writing
Influential Community Contacts	Transportation
Contacts	Training
Journalism	Tutoring
Landscaping	Typing
Legal Advice	Volunteer Management
Library Science	Web Develop

Volunteer Program Survey

1) I have volunteered in the following areas:

- Accompaniment Administrative Leading Empowerment Group
 Peer Advocacy Website Support Special Project
 Grant Writing Other

2) Please rate each of the following statements:

	Strongly Disagree					Strongly Agree
a) The volunteer training program adequately prepared me for my assigned duties.	1	2	3	4	5	N/A
b) Agency staff welcomed me and made me feel needed.	1	2	3	4	5	N/A
c) I was given the opportunity to volunteer in the service area for which I expressed an interest.	1	2	3	4	5	N/A
d) Staff (in-service) training seminars were conducted at times that were convenient for me.	1	2	3	4	5	N/A

e) I feel the staff respected me as an individual	1	2	3	4	5	N/A
f) The volunteer training adequately prepared me for work with survivors.	1	2	3	4	5	N/A
g) I feel that I am making a contribution through my volunteer work at this agency	1	2	3	4	5	N/A

3) What is the best part of being a volunteer at this agency?

4) What can the agency do to better support volunteers?

5) Other comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Length of Time as Volunteer:

Gender:

Age:

Race/ethnicity: