



## About the applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Please enter all phone numbers where we may reach you.) Birthdate: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Which is usually the best way to contact you? Home Work Cell Email Do you text? Yes No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

What skills, areas of expertise or aspects of your educational background would you bring to CADV as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about CADV & our volunteer needs? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have a valid driver's license and automobile liability insurance?  Yes  No

License Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

## Emergency Info

In case of an emergency who should we contact on your behalf?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Volunteer Experience

Have you ever been a volunteer before?  Yes  No

If yes, for what organization, and what activities were included?

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Do you still volunteer with the above organization?  Yes  No

If no, was it your decision to leave, and why? \_\_\_\_\_

Why are you interested in becoming a volunteer?

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Do you have any prior experience working with people in crisis/stressful situations?  Yes  No

If yes, please explain: \_\_\_\_\_

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Have you ever been a victim of domestic violence, sexual assault or rape?  Yes  No

If yes, when? \_\_\_\_\_

## Interest Areas

Your volunteer areas of interest: (please check all that apply)

Crisis Hotline       Transportation of Clients       Hospital Advocacy

Babysitting       Clerical/Office Assistance       Fundraising

Court Advocacy       Life Skills Classes for clients (Cooking, budgeting, etc.)

Back to School Fairs       Maintenance       Emotional Support

Other: \_\_\_\_\_

Other: \_\_\_\_\_

## Availability

What days and hours are you typically available?

Monday - Hours: \_\_\_\_\_  Tuesday - Hours: \_\_\_\_\_

Wednesday - Hours: \_\_\_\_\_  Thursday - Hours: \_\_\_\_\_

Friday - Hours: \_\_\_\_\_  Saturday - Hours: \_\_\_\_\_

Sunday - Hours: \_\_\_\_\_

Would you be interested in setting up a regular schedule to be in office to assist in a variety of tasks?

(This may include clerical assistance, transportation of clients, crisis hotline, etc.)  Yes  No

If yes, what would you like that schedule to look like?  1-2 days/month or  1-2 days/week

On those days how many hours per day would you like to volunteer?  2-4 hrs  4-6 hrs  6-8 hrs

## References

Please list 3 references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

**I understand that my acceptance as a volunteer with CADV is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from CADV's volunteer services.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_