



# VOLUNTEER APPLICATION

## VIOLENCE INTERVENTION PROGRAM

Date Received: \_\_\_\_\_

Volunteer #: \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(if student, please provide campus and home address)

Campus Address \_\_\_\_\_

Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_

Education Completed \_\_\_\_\_ Degree/Certification \_\_\_\_\_

If presently attending college, when will you graduate? \_\_\_\_\_

### Please answer the following questions:

Why do you wish to volunteer for the Violence Intervention Program?

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

What skills and strengths do you have to offer us as a volunteer? \_\_\_\_\_

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

Have you had any volunteer, intern, or other relevant experience? If yes, please explain.  Yes  No

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

Do you have access to a car?  Yes  No

Have you ever been convicted of any criminal offense, including any traffic violations?  Yes  No

*A criminal conviction will be considered only in relation to the position in which you are interested. Seriousness and nature of the offense, time elapsed, and rehabilitation will be considered.*

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

Your answers to the following questions will not exclude you from being considered for an internship position. They are intended to help us ascertain whether past victims/survivors of violence have addressed their own recovery needs, and to help us ensure we do not place anyone in a situation which might trigger or be emotionally harmful to them or our clients.

Have you ever been in a controlling or abusive relationship?  Yes  No

A) If yes, did you end the relationship? When? \_\_\_\_\_

B) Have you received counseling? \_\_\_\_\_

C) If so, when and for how long? \_\_\_\_\_

Have you been the victim of sexual assault or other sexual violence?  Yes  No

A) If yes, when? \_\_\_\_\_

B) Have you received counseling? \_\_\_\_\_

C) If so, when and for how long? \_\_\_\_\_

Have you ever been the victim of any other kind of violent crime?  Yes  No

A) If yes, what happened, and when? \_\_\_\_\_

B) Have you received counseling? \_\_\_\_\_

C) If so, when and for how long? \_\_\_\_\_

**References:** Please give us the name of two individuals we may contact who can comment on the quality of your work. (Do not include friends or relatives).

Name \_\_\_\_\_

Title \_\_\_\_\_

Business/Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Your relationship to the reference \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Business/Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Your relationship to the reference \_\_\_\_\_

### Application Verification

I verify that all statements made in this application are true and complete, and I authorize the Violence Intervention Program to contact the references listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The information in this application will be handled in a confidential manner. Any information asked for in this application will be used to determine where you can fit into VIP and what training is needed. It is understood that no discrimination is implied.

**Essay**

Please provide a one page summary (written or typed) describing why you are interested in volunteering at the Violence Intervention Program, your relevant experience, including any personal history of domestic or sexual violence, and how your experience would benefit the agency.