Sullivan County Victim Services Volunteer Application

We would like to thank you for your interest in volunteering with Sullivan County Victim Services. With the help of volunteers our agency is able to provide services to clients and create awareness about Domestic Violence, Sexual Assault, and Other Crimes throughout the community.

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

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

Telephone: (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to transportation (car, truck, van) Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

Do you have a valid PA driver’s license Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

Emergency Contact Person & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills & Interests**

1. Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Hobbies, Skills, interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Previous Volunteer Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Reason for wanting to volunteer at SCVS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferences in Volunteering (check all that apply)**

\_\_\_\_\_\_\_\_\_\_ Working with children \_\_\_\_\_\_\_\_\_\_ Planning Special Events

\_\_\_\_\_\_\_\_\_\_ Office/Clerical \_\_\_\_\_\_\_\_\_\_ Prevention/Education

\_\_\_\_\_\_\_\_\_\_ Public Relations/Outreach \_\_\_\_\_\_\_\_\_\_ Fundraising

\_\_\_\_\_\_\_\_\_\_Grounds/Repair/Painting \_\_\_\_\_\_\_\_\_\_ Health Fairs

\_\_\_\_\_\_\_\_\_\_Distributing Information \_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there a group or individuals you would be more interested in working with?**

\_\_\_\_\_\_\_\_\_\_ No preference \_\_\_\_\_\_\_\_\_\_ Adults \_\_\_\_\_\_\_\_\_\_ Children

\_\_\_\_\_\_\_\_\_\_ Teens \_\_\_\_\_\_\_\_\_\_ Seniors \_\_\_\_\_\_\_\_\_\_ Men

\_\_\_\_\_\_\_\_\_\_ Women \_\_\_\_\_\_\_\_\_\_ Other ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**Are there any groups with whom you would not feel comfortable working with?**

\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ Yes ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

At what times are you interested in volunteering?

\_\_\_\_\_\_\_\_\_\_ Flexible \_\_\_\_\_\_\_\_\_\_ Weekdays \_\_\_\_\_\_\_\_\_\_ Evenings

\_\_\_\_\_\_\_\_\_\_ Weekends \_\_\_\_\_\_\_\_\_\_ Days \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

**Background Verification**

1. Have you ever been convicted of a criminal offense? \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever been charged with neglect, abuse, or assault? \_\_\_\_ Yes \_\_\_\_ No
3. Do you use illegal drugs? \_\_\_\_ Yes \_\_\_\_ No
4. Do you have Act 33 &34 Clearances? \_\_\_\_ Yes \_\_\_\_ No
5. Have you previously taken the DV/SA volunteer advocacy training \_\_\_\_ Yes \_\_\_\_ No
6. List any volunteer activities in which you were previously or currently involved with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_

1. How did you hear about SCVS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a volunteer I agree to abide by the SCVS requirements, policies, and procedures for volunteer service and to uphold the SCVS mission.**

**Mission Statement**

**To provide information, referrals, counseling, shelter, educational programs, and advocacy services for victims and survivors of domestic violence and other crimes and to strive for the elimination of domestic violence and sexual assault.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_