

Eastland County Crisis Center, Inc.

Crime Victim Assistance Center and
Children's Advocacy Center
P.O. Box 1010, Eastland, TX 76448
Phone 254-629-3223

Volunteer Application

Please Print All Information

Date: _____

Name: _____ DOB (month/day only) _____

Address _____

City _____ State _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

E-mail address: _____

Employer _____ Can you receive calls at work? _____

Emergency Contact: _____ Relationship _____

Phone _____

Bilingual? Yes No Language _____

Which volunteer advocate opportunity (s) are you interested in? Check all that apply.

Hotline _____ One on One Contact with Adult Clients _____ Fundraising _____ Office _____

Education _____ Family Advocate for the Children's Advocacy Center _____

When can you volunteer: Weekdays _____ Evenings _____ Weekends _____

How many days would you like to volunteer? Per month _____ Week _____

If you would like to work with victims, we will need a copy of your insurance card and driver's license on file just in case a transport is necessary. Please provide the following information:

DL# _____ Expires _____ Auto Ins Company: _____

Are you committed to completion of the required orientation and training? _____

Application _____ Interview _____ Training Complete _____

Please note that we will screen each applicant and check his or her references before training.

Revised 04/09/2015

Volunteer Experience : Please list all present or past volunteer experiences

Program/Agency	Position	Supervisor
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Program/Agency	Position	Supervisor
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Describe your education, training, skills, and talents: _____

References: - Please list three people other than relatives:

Name	Address	Phone (work/home)
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Name	Address	Phone (work/home)
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Name	Address	Phone (work/home)
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How did you learn about our program? _____

What do you hope to gain by volunteering for this program? _____

Do you hold beliefs that would limit your ability to work with victims of Domestic Violence or Sexual Assault? Yes _____ No _____ If yes, please explain: _____

Are you currently on probation or parole or completing community service hours? _____

Have you been arrested, charged or convicted of a crime (s)? _____

Thank you for your interest in volunteering. Once approved, all volunteers must successfully complete all required training courses before being approved to work in the CVAC office, at community/fundraising events, or directly with survivors/victims of domestic violence or sexual assault and their families. *An individual cannot advocate to clients or client's family if they have not completed the Victim Advocate Training Course.* Each candidate has the right to discuss problems or concerns with the Volunteer Coordinator or Executive Director as needed.

I have read and understand the above information.

Signature

Date