

FAMILY CRISIS NETWORK

PO Box 944, Newport, WA * Office: 447-2274 * Helpline: 447-LIVE

DOMESTIC VIOLENCE, SEXUAL ASSAULT, CRIME VICTIM & HOMELESS VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Family Crisis Network.
Volunteers are an important part of the work we do in our community.

PERSONAL INFORMATION:

Name _____ Date _____

The information you provide will be kept confidential. This application is designed to help YOU determine if you are prepared to become a volunteer and to provide information which will assist us in making a similar decision.

Upon completion, please return the application to Family Crisis Network. Upon receipt of your application, the agency will put your name on a list of potential volunteers and you will be notified prior to the next volunteer training.

Mailing Address: _____ Home Phone: _____

_____ Work Phone: _____

of children: _____ Ages of children: _____

Education (circle one):

High School: 9 10 11 12 College: 1 2 3 4 +

List any specialized training: _____

What, if any, counseling experience have you had? _____

List any employment and/or volunteer work which you are currently involved or have been in the past which may be helpful in your work with us:

Are you currently employed? Yes _____ No _____ If yes, # of hours per week _____

Employer's name and address _____

Position: _____

Previous work experience: _____

Who, or What, caused you to be interested in volunteering with Family Crisis Network?

Do you have a car with adequate insurance, and would you be willing to use it to transport clients?

Yes _____ No _____ Uncertain _____

AVAILABILITY

Can you be on call for two 16 hour shifts per month? Yes _____ No _____

Are you interested in speaking engagements? Yes _____ No _____ Uncertain _____

ESSAY QUESTIONS

1. Why do you want to work with the Family Crisis Network Domestic Violence, Sexual Assault, Crime Victim and Homeless program?

2. What do you hope to gain from volunteering with the Family Crisis Network?

3. How would your family react to your working with battered women/men and sexual assault victims and their children?

4. What do you feel are the needs of someone who's been battered?

5. What do you feel are the needs of someone who's been sexually assaulted?

6. What are your feelings about the homeless?

7. What subjects do you find too personal or upsetting, to discuss with someone else?

8. Would you be willing to take the 40 hour training required by the state to become a volunteer?
 Yes _____ No _____
9. Would you be willing to attend monthly meetings?
 Yes _____ No _____ Sometimes _____

VOLUNTEER OPPORTUNITIES

Which of the following volunteer opportunities interest you the most?

- _____ Crisis Line
- _____ Support Group
- _____ Legal Advocate
- _____ Transportation
- _____ Crisis Daycare
- _____ Office Clerical
- _____ Medical Advocate
- _____ Domestic Violence Advocate
- _____ Sexual Assault Advocate
- _____ Speakers Bureau
- _____ Volunteer Recruitment & Fundraising

FCN Volunteer Application

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REFERENCES:

Please list below the names of three persons, not related to you, whom you have known at least one (1) year:

	NAME	ADDRESS	BUSINESS	YRS ACQUAINTED
1.	_____			

2. _____

3. _____

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant, and to work as a volunteer for Family Crisis Network, I hereby authorize Washington Law Enforcement to conduct a background investigation to determine my qualifications to participate as a volunteer in this program. I understand that the background investigation I am authorizing will be conducted solely for the purpose of protecting and preventing any harm to anyone who may require the services of Family Crisis Network and all information obtained in a background investigation will be treated as confidential.

I authorize Family Crisis Network to fully investigate my work record, qualifications, and references regarding any current or accurate information they have about my background and release all concerned from any liability in connection therewith.

Signature of applicant

Date of authorization