



ELMORE COUNTY DOMESTIC VIOLENCE COUNCIL VOLUNTEER INFORMATION SHEET

First Name: _____ Middle Initial _____ Last Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Employer Information (include paid and volunteer experience)

Retired Yes No

Paid employee Volunteer

Employer Name: _____

Employer Address: _____

Work Phone: _____ Can we contact you at work? Yes No N/A

Company/Organization: _____

Date of Birth: _____ Do you have a driver's license: Yes No

Driver's license #: _____ Exp date: _____

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

Volunteer Experience

Have you ever applied as a volunteer for this organization in the past? Yes No

If no, why would you like to volunteer? _____

What do you hope to gain from this experience? _____

What experience and/or education do you have which would be useful to you in this work? _____

Mission Statement: *Prevent Domestic Violence and Sexual Assault In Our Community*



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Have you had any personal experience(s) involving?

- Advocacy Child Care
 Court System Other agencies offering services to women/children

If so, please explain: _____

How did you learn of our program: _____

Have you ever been arrested for a crime other than a traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____ Where: _____

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

- | | |
|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Crisis Line |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Garage sales/thrift store |
| <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Mail-outs |
| <input type="checkbox"/> Phone-outs | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Proposal writing | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Publishing, newsletters, posters, etc. | <input type="checkbox"/> Selling raffle/event tickets |
| <input type="checkbox"/> Soliciting sponsors/in-kind donations | <input type="checkbox"/> Sound system/audio knowledge |
| <input type="checkbox"/> Speak other languages | <input type="checkbox"/> Special events: Managing |

Please list: _____

- | | |
|---|--|
| <input type="checkbox"/> Special Events: Set-up & Tear-down | <input type="checkbox"/> Special Events: Operation |
| <input type="checkbox"/> Training other volunteers | <input type="checkbox"/> Victims Advocate |
| <input type="checkbox"/> Volunteer recruitment | |

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References

Please provide two references. One may be a personal or social reference (**no family members**).

1) Name: _____ Relationship: _____

Mailing address (please include postal code): _____

Daytime telephone number: _____

2) Name: _____ Relationship: _____

Mailing address (please include postal code): _____

Daytime telephone number: _____

Elmore County Domestic Violence Council Volunteer Agreement

I understand that as an Elmore County Domestic Violence Council (ECDVC) volunteer, I am committing to the following terms of this agreement:

- I agree to attend initial and update training programs as required.
- I agree to respect the confidentiality of the victims and to exercise good faith and integrity in performing my duties as an ECDVC volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a victim through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

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