



# VICTIM ASSISTANCE TRAINING APPLICATION

Date \_\_\_\_\_

Women's Center-Youth & Family Services is committed to providing the best services to victims of domestic violence, sexual assault and homeless/runaway youth, and making a volunteer's work with the center rewarding. Prior to providing services to clients, volunteers are required to complete the Victim Assistance Training and our mentoring process.

NAME \_\_\_\_\_ Are you 18 years of age or older?    Yes    No

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE #'S: DAY (    ) \_\_\_\_\_ EVENINGS (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

If you are employed, may we contact your employer?    Yes    No

Do you speak a second language?    Yes    No  
 If so, which language(s) do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Times Available-Please check all available times during the week

<b>DAY</b>	<b>Early AM 7am-9:30am</b>	<b>Late AM 9:30am-Noon</b>	<b>Lunch 12pm-1pm</b>	<b>Early PM 1pm-3pm</b>	<b>Late PM 3pm-5pm</b>	<b>Evenings 5pm-9pm</b>
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

Do you have transportation?    YES    NO

References-(Provide two people, not related to you, whom you have known for a minimum of two years).

NAME \_\_\_\_\_ TELEPHONE (    ) \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE (    ) \_\_\_\_\_

Have you ever been a Women's Center-YFS client? YES NO if so, when? \_\_\_\_/\_\_\_\_ (month/year of last contact)

Have you ever been convicted of a misdemeanor or felony which resulted in confinement? (Do not include marijuana-related convictions, which occurred more than two years prior to the date of this application) \_\_\_\_\_ Yes \_\_\_\_\_ No: if yes

complete the following: Details of the offense(s), including date of conviction, the county, state and country in which it occurred, the jurisdiction (federal, state, etc.) and the nature of the offense: \_\_\_\_\_

In response to both of these questions (felony and misdemeanor convictions), please include any convictions in a military court.

**EDUCATIONAL BACKGROUND: (Check which areas of education you have completed)**

High School: \_\_\_\_\_ GED: \_\_\_\_\_ College: \_\_\_\_\_ Major: \_\_\_\_\_  
Degree: \_\_\_\_\_ Courses: \_\_\_\_\_  
Trade, Business or Correspondence School: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE(S): List most recent volunteer experience first**

Organization \_\_\_\_\_ Date of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Duties \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Organization \_\_\_\_\_ Date(s) of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Duties \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**EMPLOYMENT HISTORY: List most recent employment first**

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Duties \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Duties \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**ADDITIONAL INFORMATION:**

How did you learn about the Women's Center-YFS, and what is your motivation for volunteering here?

Will you commit yourself to any ongoing training that is requested of you? Yes No  
Are you willing to ask for advice and open-minded to advice given to you by Women's Center-YFS Staff? Yes No

Please list any restrictions that might affect your availability for volunteer work \_\_\_\_\_

How does our volunteer program fit your own goals? \_\_\_\_\_

### **VOLUNTEER OPPORTUNITIES**

I am interested in the following areas. This list is intended to provide a general overview of Direct Service Volunteer opportunities available within our agency.

<p><b><u>DOMESTIC VIOLENCE</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Presentations</li><li><input type="checkbox"/> In-person Peer Counseling</li><li><input type="checkbox"/> Facilitating Support Groups<ul style="list-style-type: none"><li><input type="checkbox"/> DAWN House</li><li><input type="checkbox"/> Serenity House</li></ul></li><li><input type="checkbox"/> Domestic Violence Crisis Line<ul style="list-style-type: none"><li><input type="checkbox"/> Other-explain</li></ul></li></ul>	<p><b><u>SEXUAL ASSAULT</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> In-person Peer Counseling<ul style="list-style-type: none"><li><input type="checkbox"/> Hospital Response</li></ul></li><li><input type="checkbox"/> Children's Counseling Programs</li><li><input type="checkbox"/> Facilitation support groups</li><li><input type="checkbox"/> Sexual Assault Help Line<ul style="list-style-type: none"><li><input type="checkbox"/> Prevention Education Presentations</li><li><input type="checkbox"/> Other-explain</li></ul></li></ul>	<p><b><u>YOUTH SERVICES</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Community Education Presentations<ul style="list-style-type: none"><li><input type="checkbox"/> Youth Crisis Line</li></ul></li><li><input type="checkbox"/> Community Outreach Events<ul style="list-style-type: none"><li><input type="checkbox"/> Safe/Opportunity House</li><li><input type="checkbox"/> Youth Drop In Center</li></ul></li><li><input type="checkbox"/> Comprehensive Youth Outreach/ Early Intervention Services<ul style="list-style-type: none"><li><input type="checkbox"/> Other-explain</li></ul></li></ul>
---	---	---

### **RESOURCES**

I have access to the following resources that would benefit Women's Center-YFS. (check all that apply)

- Building and Maintenance Supplies (paint, landscaping, laborers, etc.)
- Toys and Children's Materials
- Desktop Publishing/Computer Skills/Software
- Products or services that would benefit Women's Center-YFS staff, clients or operations
- Other-please explain \_\_\_\_\_

I would most like to assist the Women's Center-YFS in the following activities (check all that apply).

- Committees
- Sort and Deliver donations
- Mailings

Please provide any other information you feel would be valuable to Women's Center-YFS in matching your skills, time, and interests with volunteer opportunities.

---

---

---

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