



Volunteer Application

Name:

Address:

City: State: Zip:

Contact Number:

Your current occupation: Full time Part-time

AREA OF VOLUNTEER INTEREST:

Administrative (Indirect client service)

- Fundraising
- General Clerical Assistance
- Word Processing / Data Entry
- Reception
- Coordinate Holiday Special Events
- Landscaping
- Repair/Building Maintenance
- Board Committees
- Board of Directors

**Direct Client Service: Victim Assistance
Certification Required (Agency Provides)**

- Counselor
- Crisis Line Worker
- Shelter Facilitator
- Advocate/Hospital or Court Accompaniment
- Temporary Restraining Order Assistance
- Support Group Facilitator
- Violence Prevention Education
- Community Education

SPECIAL SKILLS:

AVAILABILITY

| Please Check: | Mornings | Afternoons | Evenings |
|---------------|----------|------------|----------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

REFERENCES: Please list two people who are not related to you and whom you have known for a minimum of two years. A letter and reference form will be sent to each listed reference requesting information.

| |
|--------------------------|
| Name: _____ Phone: _____ |
| Address: _____ |
| _____ |

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|--------------------------|
| Name: _____ Phone: _____ |
| Address: _____ |
| _____ |

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| How did you hear about Operation Care and what is your motivation for volunteering here? |
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| Have you ever been a client of Operation Care? If so, when? |
|---|

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|---|
| Have you ever been convicted of a felony? If yes, please describe, explain: |
|---|

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| Volunteer Commitment for Direct Client Service: A minimum of one year after certification has been completed. We request a minimum of ten (10) hours per month. Please note: the certification is provided by Operation Care. Operation Care reserves the right to refuse certification. I have read and understand the direct service volunteer commitment. |
| _____ |
| Volunteer Signature _____ Date _____ |

Optional Affirmative Action Information

| |
|---|
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ |
| Ethnicity: |
| <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> African American |
| <input type="checkbox"/> Caucasian <input type="checkbox"/> Other |
| Languages spoken other than English: |
| |