



VOLUNTEER APPLICATION

“Families are for loving”

Domestic Violence Association of Central Kansas - 203 South Santa Fe - Salina, Kansas 67401

Today's Date: _____

Name: _____

Phone: (H) _____

Address: _____

(C) _____

_____ Email Address: _____

SS #: _____

Date of Birth: _____

Age: _____

RACE (optional) – White African American Hispanic other: _____

Education highest level: _____ Do you have a car readily available? Yes / No

Occupation: _____ Place of Employment: _____

How did you hear about the Domestic Violence Association of Central Kansas?

What personality characteristics do you feel you have that would make you particularly effective in dealing with persons who have problems or are under stress, and what experience do you have?

Why are you interested in being a volunteer? Please describe your expectations.

Would you feel like you have failed if a client went back to their same old situation?

In what area would you be willing to volunteer?

- Childcare
 Transportation
 Thrift Shop(Bargain Basket)
 Special Projects
 Fundraising
 Clerical
 Crisis Line
 Other _____

Do you have any felonies or convictions relating to:

Drugs
 Alcohol
 Violence/Criminal Threat
 Domestic battery or assault
 Sexual Offense
 Other _____

If you answered yes to any of the above please explain:

It is the policy of DVACK not to consider an applicant’s arrest record in employment and volunteer decisions, but a job-related conviction may be considered. Applicants whose position requires contact with clients or their children are automatically barred from employment or volunteering if convicted of an offense that would, under the law, bar the applicant from employment by a licensed child care facility. Convictions of other offenses will be considered on a case by case basis. Every applicant shall, as part of the application process, enumerate all convictions; certify that falsification of the information is ground to deny or withdraw an employment or volunteer position or immediately terminate the employee or volunteer; and authorize the release of criminal conviction information to us.

What kind of time commitment would you be able to make to DVACK?

Weekly: _____ Hrs. for _____ Weeks

Monthly: _____ Hrs. for _____ Months

What day and time is best for you to volunteer? *Please list specific hours (i.e. 8:00am -11:30am) if unknown please specify time of day (i.e. morning or afternoon).*

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Please list three references (not family)

	Name	Address	Phone Number
1.			
2.			
3.			

May we contact these references? Yes / No

Signature _____

Date _____