

DVACK VOLUNTEER APPLICATION

Domestic Violence Association of Central Kansas – 785-827-5862

Today's Date: _____

Name: _____

Phone: (H) _____

Address: _____

(W) _____

(C) _____

SS #: _____ Date of Birth: _____ Age: _____

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

Occupation: _____ Employer: _____

How did you hear about DVACK?

What interests you in volunteering at DVACK? Please describe your expectations.

Describe any traits you have that you feel will be beneficial while volunteering at DVACK?

How would you feel if a client returned to an abusive situation?

Are you interest in working with youth programming and/or youth clientele? Please explain?

Please mark all items you are interested in:

- Childcare Transportation Thrift Shop (Bargain Basket) Special Projects
 Fundraising Clerical Crisis Line Other _____
 Youth Mentoring (requires minimum of 6 month commitment)

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

_____ I certify that the above facts are true to the best of my knowledge and belief.

_____ I hereby authorize DVACK to conduct a comprehensive, lawful background check per the agency’s policies.

Signature _____

Date _____