**Volunteer Application**

**Volunteer Opportunities:**

Which of the following volunteer opportunities are you interested in?

□ Direct Client Services In Office (crisis line, walk in clients, court, hospital, police department)

□ Direct Client Services After Hours on the Crisis Line (nights and weekends from your home)

□ Education and Outreach (creating outreach materials/calendars/educational games, tabling events, handing out/restocking pamphlets in the area)

□ Support Group Facilitator

□ Shelter Advocacy

□ Fundraising

**Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:**

How did you hear about this volunteer opportunity?

What has attracted you to working as a volunteer at MCVP?

What benefits do you expect to derive?

How would you define domestic violence?

MCVP asks volunteers to commit to one year of service. Are you able to fulfill this commitment?

Are you willing and able to receive calls in the evenings and middle of the night in addition to leaving your home to respond to hospitals, police departments, and our emergency shelter?

Is there any other information about yourself that would be helpful for MCVP to know?

Please attach a copy of your resume to this application.

**References:**

Please provide information for three non-family references and sign the volunteer permission at the bottom of this page.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Permission:**

 By signing below, I give my permission for the above references to be contacted and provide a character reference for information regarding my skills to be a volunteer for MCVP: Crisis and Prevention Center.

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

**Policy:** Application for Volunteer Position

**Type:** Personnel

**Purpose:** Anyone seeking to volunteer with the Monadnock Center for Violence Prevention will complete the standardized volunteer application process. If at any point during the application process or during the course of training, the Executive Director and/or the Volunteer Coordinator conclude that it is not in the best interest of the Monadnock Center for Violence Prevention for the applicant to become a volunteer, they may terminate, without cause, the applicant’s participation with the agency.

**Procedure:**

 1. All applicants will complete an application form, provide the names of three references and participate in either an interview with the Volunteer Coordinator or attend the New Volunteer Orientation.

 2. An applicant may be ineligible for volunteering or terminated from the training program should the Executive Director and/or Volunteer Coordinator determine that the volunteer is conducting her/himself in such a way as to be considered detrimental to the agency, or in any false, dishonest or misleading representations have been made.

 3. All information submitted is subject to investigation and will be considered in determining eligibility for volunteering with the agency.

 4. All information will be kept in strictest confidence, to the extent permitted by law, and will become part of the volunteer’s file.

Adopted by MCVP Board of Directors October 2, 1995