

Central California Family Crisis Center, Inc. Volunteer Application

Date _____

Type of Volunteer Activities you are interested in:

Program	Yes	No
Treasures Thrift Store i.e. Reading Hour during Starlight Sale		
Shelter: Client Advocate/Child Advocate i.e. teaching computer skills (for clients), food pick-up, document shredding, tutoring, homework club, reading program, library trips		
Transitional Housing: Client Advocate i.e. teaching computer skills (for clients), homework / tutoring, scrap booking or other hobbies/crafts		
Counseling Center/Business Office: Office Assistant i.e. mail pick-up, filing, answering phones, newsletter mailings		
Special Projects (i.e. Candlelight Vigil, bulk mail, etc.)		
Other: (Transportation, Personal Enrichment)		

We require a commitment of your time. Please indicate your time availability:

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Personal Information:

Name:	Phone:
Address:	Cell:
E-mail:	Message:

Education Background (circle)

Grades 1-5	6-9	11-12	College	Business	Graduate School
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- **All volunteers who will be working with clients are required to complete a 40-Hour Domestic Violence Certification Training before starting an assignment as a volunteer. The training cost is \$50 for potential volunteers. After completing 40 hours of volunteer work, your money will be refunded.**
- **Central California Family Crisis Center, Inc., requires all interested volunteers to be drug tested and fingerprinted *at their own expense*. Would you have any problems completing this request? _____ (Yes/No) If yes, please explain _____**

1. Do you have any education or work experiences directly related to domestic violence? Yes/No If yes:

Began Month/Year	Ended Month/Year	Agency	Duties/Position

2. Are you bilingual? (circle) Yes / No

Please indicate your language abilities.

Language	Speak/Understand	Read	Write

3. Prior Volunteer Experience? Yes / No If yes:

Began Month/Year	Ended Month/Year	Agency	Duties/Position

4. What would make this volunteer experience rewarding to you? What are you hoping to gain from this experience? _____

5. Do you have any physical limitations we should be aware of so we may provide appropriate accommodations? _____

6. It is essential that we preserve our clients' confidentiality as well as the shelter location. Are you able to maintain confidentiality? Yes / No

7. Have you ever been convicted of a felony or have a case pending? Yes / No
 If yes, please provide a brief explanation. A conviction will not necessarily disqualify you from volunteering. _____

8. Please use this space to tell us about your additional experience, skills, or motivations you might have that we did not address.

Please provide three references:

Name	Phone No.	Relationship

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation, or the omission of any information requested in this application process, may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.

Further, I understand and agree that volunteering is "at will," which is for no definite period and may be terminated at any time without cause and without any previous notice.

 Signature of Volunteer Applicant

 Date

**Please return this application to:
 Attn: Volunteer Coordinator
 Central California Family Crisis Center, Inc.
 211 N. Main Street, Porterville, CA 93257 (559) 781-7462**