

Volunteer Application

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone (alt.): _____

Should we be discrete when we call? Y N

Email: _____

I. **Skills & Interests**

(You DO NOT need to fill out this section if you have a copy of your resume.)

Education Background: _____

Current Occupation: _____

Previous Volunteer Experience: _____

Hobbies, Interests, Skills: _____

II. **Availability**

May we call you if a sudden need arises? _____

What days and times are you available? _____

How much time can you give per week? _____

III. **Interest in The Center**

How did you hear about The Center? _____

Why are you interested in becoming a volunteer with The Center?

What are some of your best skills and how would you like to apply them in the work that we do?

What motivates you to make your greatest effort? _____

What interests you about the field of sexual assault? _____

Has anything in particular shaped your perception of sexual assault?

What do you hope to take away from this experience?

Is there anything in your life that would make it difficult to perform the duties necessary to be an active volunteer? _____

Any Additional Questions or Comments: _____
