

# VOLUNTEER APPLICATION

*Please complete and return to Volunteer Coordinator (758-0808) at the TP Offices*

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

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you 18 years or older? Yes\_\_\_ No\_\_\_

Is this volunteer work a requirement for school? Yes\_\_\_ No\_\_\_

If yes, how many hours are required? \_\_\_\_\_ By what date? \_\_\_\_\_

Are you willing to attend volunteer trainings? Yes\_\_\_ No\_\_\_

**\*\*When is the best time for you to attend our six hour training seminar?**

**Tuesday/Thursday (5:30-8:30pm) \_\_\_\_\_ Saturday (9am-3pm) \_\_\_\_\_**

Do you have a vehicle you can use? Yes\_\_\_ No\_\_\_

Do you have and maintain vehicle liability insurance? Yes\_\_\_ No\_\_\_

Are you willing to transport clients? Yes\_\_\_ No\_\_\_

**\*\*\*\* If yes, please attach a copy of your driver's license & auto insurance \*\*\*\***

If employed, place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of time at current job: \_\_\_\_\_

Can you receive phone calls at work? Yes\_\_\_ No\_\_\_

What is the best time and place to reach you? \_\_\_\_\_

Highest education level achieved: \_\_\_\_\_

If a student: School where enrolled: \_\_\_\_\_

Major course of study: \_\_\_\_\_

Do you have any foreign/sign language skills? Yes\_\_\_ No\_\_\_

If yes, list language(s) and level of fluency: \_\_\_\_\_

List any other special training or skills: \_\_\_\_\_

How did you learn of Turning Point and why are you interested in volunteer services?

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What characteristics do you feel you possess that particularly suit you to work with victims of domestic violence or sexual assault and/or their children?

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What characteristics do you feel you possess that may hinder you? \_\_\_\_\_

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List your hobbies and areas of interests: \_\_\_\_\_

List any previous/current volunteer experience: \_\_\_\_\_

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Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_ No \_\_\_

Have you ever been convicted of the illegal use, distribution, or possession of drugs? Yes \_\_\_ No \_\_\_

Have you ever been convicted of any moving violations or had any vehicle accidents in the last three years? Yes \_\_\_ No \_\_\_

If yes to any of the above questions, please explain: \_\_\_\_\_

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### REFERENCES

Give the name, address, and telephone numbers of three references who are not related to you and are not previous employers:

1)Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2)Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3)Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

