



Women's Crisis Support ~ Defensa de Mujeres

Volunteer Application

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PLEASE PRINT

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Home Ph: () - _____ Work Ph: () - _____ Cell Ph () - _____

Availability

Please mark (X) for the shifts you are available to volunteer with programs and take shifts on the Crisis Line :

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8am-2pm							
Afternoon 2pm-8pm							
Swing 8pm-2am							
Graveyard 2am-8am							

Volunteer Opportunities: Please place 1, 2, 3, 4, 5 in order of preference for your desired volunteer opportunities.

- _____ Sexual Assault Response Team (SART) Advocate
- _____ Assist with Restraining Orders
- _____ Accompany Clients to Court
- _____ Co-Facilitate Children Support Groups
- _____ Co-Facilitate Adult DV Support Groups

- _____ Sexual Assault/Domestic Violence Advocate
- _____ Administrative Assistant
- _____ Fund Development Assistant
- _____ Presentation Assistant
- _____ Community Awareness Event Assistant

Personal Information:

How did you hear about WCS-DdM?

Why do you want to volunteer with WCS-DdM?

Please describe any volunteer experience you may have:

What strengths can you bring to WCS-DdM?



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Employment Status:

Are you currently employed: Please mark (X) () Yes () No

If yes, where are you currently employed? _____ Since _____ Position _____

Education: Please mark (X) for highest completed level of education

_____ High School _____ GED _____ College (Degree Completed _____)

_____ Graduate (Degree completed _____) _____ Other (Specify _____)

Language and Skills: Please mark (X) for all that apply

Primary Language _____ Secondary Language _____ Other _____
() Speak () Write () Read () Speak () Write () Read () Speak () Write () Read

Please explain your training, skills and qualifications which you feel make you especially suitable for volunteering with Women's Crisis Support~ Defensa de Mujeres.

Personal History: Please mark (X)

Are you a previous client of WCS-DdM? () Yes () No

If yes, how long ago? _____ Services you received _____

Have you ever experienced Personal Power Based Violence (Domestic Violence/Sexual Assault)?

() Yes () No If yes, how long ago did this occur? _____

Please describe the support you received to work through this crisis:

Some volunteer opportunities at WCS-DdM involve dealing with victims of trauma. Is there any reason you believe you would not be able to volunteer for WCS-DdM in this capacity? () Yes () No If so, please explain:



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Personal History (Cont.):

Prior to answering the following two questions regarding criminal offenses, please read the following paragraph regarding situations which should not be disclosed.

You should omit any information concerning a) any arrest or detention that did not result in conviction; b) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated; c) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code Section 1203.4; d) any arrest for which a pretrial diversion program has been successfully completed pursuant to Penal Code Sections 100.5 and 1001.5; and e) a conviction that is more than two years old for marijuana-related offenses under Sections 11357(b), 11357(c), 11360(c), 11364, 11365, or 11550 of the California Health and Safety Code.

Have you ever been convicted of a criminal offense (Conviction of a crime will not necessarily constitute an absolute bar to volunteering)

() Yes () No If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: Consideration for volunteering may include the nature of any criminal offense conviction, the date of the offense(s), the surrounding circumstances and the relevance of the offense to the position(s) applied for.)

Are you currently out on bail or on your own recognizance pending trial for a prior arrest? () Yes () No

If yes, state nature of the crime(s), when and where arrested and the status of the case.

(Note: Consideration for volunteering may include the nature of the pending criminal offense(s), the date(s), the surrounding circumstances and the relevance to the position(s) applied for.)

Are you able to provide verification of a valid driver license? () Yes () No

If yes, please provide following information: _____ Issuing state _____ DL Number _____ Exp. DOB: _____

References:

Please list two references below.

_____	_____	(____)	_____
First Name	Last Name	Telephone No.	
_____		_____	_____
Address & Street		City	State Zip
_____	_____	_____	_____
Occupation	No. of Years Acquainted	Relationship to You	

_____	_____	(____)	_____
First Name	Last Name	Telephone No.	
_____		_____	_____
Address & Street		City	State Zip
_____	_____	_____	_____
Occupation	No. of Years Acquainted	Relationship to You	



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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure a volunteer position shall be grounds for rejection of this application or for immediate discharge if I have been selected to volunteer, regardless of the time elapsed before discovery.

Initials I hereby authorize Women's Crisis Support~Defensa de Mujeres to thoroughly investigate my references, work record, education, criminal record, and other matters related to my suitability for a volunteer position and, further, authorize the references I have listed to disclose to Women's Crisis Support~Defensa de Mujeres any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Women's Crisis Support~Defensa de Mujeres, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or, if hired, during my volunteer experience at Women's Crisis Support~Defensa de Mujeres, is intended to create a volunteer contract between Women's Crisis Support~Defensa de Mujeres and me. In addition, I understand and agree that if I am selected as a volunteer, my volunteer tenure is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or ,Women's Crisis Support~Defensa de Mujeres and that no promises or representations contrary to the foregoing are binding on me or Women's Crisis Support~Defensa de Mujeres unless made in writing and signed by me and the Women's Crisis Support~Defensa de Mujeres designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted or obtained by Women's Crisis Support~Defensa de Mujeres , I may be entitled by law to copies of any such public records obtained by Women's Crisis Support~Defensa de Mujeres unless I mark the check box below. If I am not hired as a result of such information, I may be entitled to a copy of any such records even though I have checked the box below.

() I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature

We thank you for choosing Women's Crisis Support~Defensa de Mujeres as your volunteer option. Once your application has been fully completed you may submit it by the following methods:

Email: Attention: Prevention Program Manager @ samantha@wcs-ddm.org

Fax: Attention: Prevention Program Manager @ (831) 722-4990

Mail: Attention: Prevention Program Manager @ 233 East Lake Avenue Watsonville, CA 95076