

Volunteer Application Form

Please note: Those interested in direct services at our domestic violence shelter must have 10 hours of onsite training after they are approved to be onsite and some online training required by our state funders. This can be scheduled at your discretion, and will include training in basic advocacy, the dynamics of domestic violence, and ethics training. Those interested in answering the hotline will have hotline training as well.

1. Name (first, middle initial, last)

2. Spouse's name (optional)

3. Street address

4. Phone numbers (home, work, cell)

5. Present situation

Mark only one oval.

employed

retired

unemployed

student

6. Place of employment/school

7. Occupation

8. Working/School Hours

9. Days of the week (at work/school)

Check all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

10. Emergency Contact (Name, Address, Phone Number, Relationship)

11. Education

Mark only one oval.

- high school
- college
- graduate school/ph.d.

12. If you attended college, what was your major/degree?

13. Other schooling or special training

14. Interests, hobbies, or special skills

15. Have you volunteered before? What? When? Where?

16. How often would you prefer to volunteer?

Mark only one oval.

- Weekly
- Twice Monthly
- Monthly
- Whenever I'm needed

17. Are you willing to drive your vehicle?

Mark only one oval.

Yes

No

18. Direct Client Contact?

Mark only one oval.

Yes

No

19. Volunteering through what organization?

20. Who or what prompted you to volunteer?

21. Please list 3 references (full names, addresses, and telephone numbers)

22. Where would you like to volunteer?

Check all that apply.

- Hope Restored
- Shelter Volunteer
- Outreach Office
- Public Awareness and other events
- Other

23. Type of volunteering preferred

Check all that apply.

- Direct Victim Services (working directly with clients)
- Administrative (general errands, office assistance)
- Donations (store volunteer)
- Fundraising efforts
- Apply for Board of Directors

24. Type of direct victim services you are interested in

Check all that apply.

- Transportation
- Crisis Counseling/Personal Advocacy (includes professional services like counseling, yoga, etc.)
- Answering the crisis hotline
- Facilitating a support group or class
- Providing childcare during a support group or class
- Translation Services
- I am not interested in doing direct victim services

25. Type of other services you are interested in

Check all that apply.

- Picking up and dropping off donations
- Working at Hope Restored sorting clothing
- Planning fundraisers
- Helping with awareness events

26. Availability (list days and hours ex. Mondays 8:00am-2:00pm)

27. Any other comments

Completed applications may be mailed to
P.O. Box 1196
Searcy, AR 72145

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