

**DOMESTIC ABUSE AND SEXUAL ASSAULT CRISIS CENTER
VOLUNTEER APPLICATION**

PERSONAL INFORMATION: DATE: _____

Name: _____ email address _____
(Last, First, Middle Initial)

Address: _____

City, State, Zip: _____

Telephone No.: _____ Cell No.: _____

Emergency Contact: _____ Phone #: _____

If related to anyone in our employ, provide name: _____

Referred by: _____

EDUCATION	Name & Location of School	Years Attended	Date Graduated	Subjects Studied / Degree
High School				
College				
Graduate School				
Other				

Subjects of Special Study or Research Work: _____

Foreign language: Speak fluently _____ Read: _____ Write: _____

Activities - Civic, Athletic, Etc.: _____

VOLUNTEER HISTORY:

Date Month/Year	Name & Address of Agency	Volunteer Position
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		

Describe any experiences you have had with domestic violence:

REFERENCES: Give the names of three persons not related to you, whom you've known at least one year:

Name	Address	Phone Number	Years Known

PHYSICAL RECORD: Do you have any impairment that would interfere with your ability to perform the job for which you have applied? If so, please explain.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my volunteer time is for no definite period and may be terminated at any time without any previous notice. I agree that by signing this application, the Domestic Abuse and Sexual Assault Crisis Center may have a criminal background check performed by the Prosecutor's Office.

Signature: _____ Date: _____

Do Not Write Below This Line

Interviewed by: _____ **Date:** _____

Remarks: _____

Fax to: Domestic Abuse & Sexual Assault Crisis Center 908-453-3706
Phone: 908-453-4121 x 304
Email: jschwier@besafewc.org