



Volunteer Application Form

Thank you for your interest in volunteering!

Just a few notes: According to our licensing requirements, an individual will be unable to volunteer at the Regional Victim Crisis Center (RVCC) if they've received any client services from RVCC within the last 2 years; is under the age of 18; and background check is unfavorable. If an individual has lived or has experience with a personal trauma, they must be 5 years removed from the incident prior to volunteering. A commitment of 6 months will be required of all volunteers, with a minimum of 20 hours per month not to exceed 48 hours per month.

The Office of Attorney General 40-hour training will take place over a 6-day period at the RVCC. Please check our website or call the RVCC for the next training dates.

Along with the application, please answer the following questions. Please use additional page if needed.

1. Of all the places you can volunteer, why are you motivated to volunteer with the RVCC?

2. Describe previous experiences or a strength/weakness that may be helpful when working with survivors.

3. Is there anything you think could trigger you when working in an environment that addresses sexual assault?

4. Please explain any personal experiences that may enhance, hinder, or influence your effectiveness in supportive responses to victims of violent crimes, law enforcement authorities, medical personnel, victims of child abuse, CPS, or school officials.

We sincerely appreciate your time and interest in volunteering with the RVCC.



Personal Information

First Name: _____ Last Name: _____ Middle Name: _____

Date of Birth: _____ Email: _____

Street Address: _____ City: _____ State: _____

Telephone: _____ Work: _____ Cell: _____

Personal References: (Please do not put family members)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

I currently have a driver's license Yes: No:

In case of emergency, please notify:

Name: _____ Phone: _____ Relationship: _____

Education (please check highest level completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate school: 1 2 3 4

Field of study/degree: _____ School: _____

Military

Have you served in any branch of the military?

Yes: No: If yes:

Date of service and branch from: _____ To: _____ Branch: _____



History

Have you ever been arrested? Yes: No:

Have you ever been convicted of a misdemeanor/felony? Yes: No:

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

Are you currently involved in any criminal proceedings? Yes: No: If yes please explain:

I agree to provide RVCC with current criminal history and a fingerprint search. Yes: No:

What experience (if any) have you had relative to crisis intervention/anti-victimization?

Skills

Languages other than English: _____

Special skills, Certifications, or training: _____

Volunteer Experience:

Agency: _____ Location: _____ How long: _____

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RVCC experience:

I have applied for a volunteer position before. Yes: No:



If yes, please explain:

Please tell us what you expect from your volunteer experience with RVCC:

Volunteer Opportunities

Which volunteer opportunities are you interested in participating in? Please check all that apply.

- Crisis intervention/victim assistance: Counseling Intern: Education/outreach:
Finance/accounting: Fundraising/grant writing: Hotline:
Special event planning: Media/marketing:

How did you hear about RVCC?

- Community event: Friend: School Event: Radio: RVCC Staff:
RVCC Volunteer: RVCC Website: TV/ Newspaper: Other:

Availability and status

I am available:

- Days only: Evenings only: Weekends only: Anytime:
Volunteer: Internship: Undergraduate: Graduate:

Signature:

Date:
