



303 NE 1st Ave, Suite 365
Faribault, MN 55021
507-332-0882
Fax:507-332-6999
TTY: 507-332-8993
Safeline: 1-800-607-2330

Application for Volunteer Program

Name: _____ Email: _____

Local Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Can we call you at work? _____

Summer Address: _____

Summer Phone: _____

Are you a College student? _____ What college? _____

What year? _____

Major: _____

Are you fluent in any language(s) other than English? _____ Which one(s)? _____

Do you know sign language? _____ Are you, or are you planning to be, certified? _____

How did you hear about HOPE Center? _____

Why are you interested in volunteering? _____

Do you have any experience, skills, and interests you think might be beneficial for HOPE Center?? _____

Are you able to commit to volunteering for the HOPE Center for one year? _____

What do you hope to gain from this experience? _____

When are you available? Weekends: _____ Weekdays: _____ Mornings: _____ Afternoons: _____

Evenings: _____ Overnight: _____ Any comments? _____

Here is a list of advocate jobs that are available: Please indicate the ones you are interested in:

- 1. Working on Crisis Line:
- 2. Facilitating Support Group:
- 3. Court Watch: Attend court with a survivor:
- 4. Transportation:
- 5. Clerical work at our center (answer phone, copying, research, make newsletter):
- 6. Child care: for support groups, for court hearing:
- 7. Publicity (deliver posters, brochures, etc):
- 8. Public Speaking:
- 9. Fund Raising:
- 10. Promotional Fair projects:
- 11. Advocate on call in the office

List any civic groups/organizations to which you belong: _____

Do you have any personal experience with domestic violence, physical or sexual abuse? _____

Describe a time when you have had to deal with a very angry, demanding, and/or abusive person. What did you do? What was the result? _____

Are there any social, religious, or political issues about which you have very strong feelings (pro choice/pro life, gay/lesbian lifestyles, minorities, suicide, drug abuse, therapy, teenage sex, etc.)?

How do you take care of yourself? (Hobbies, interests): _____

Are you willing to use your car to assist survivors with transportation for emergency purposes? _____

List any additional information or questions you may have: _____

If you are a licensed professional, please list the type of license, the number, and the name on the license:

Has a license board, professional association, or education/training institute ever taken any disciplinary action of any sort against you? _____

Have you ever had a civil suit or criminal action brought against you? _____

Have you ever been asked to resign or been terminated by an employer? _____

Have you ever been asked to leave any volunteer position? _____

If you answered yes to any of these questions, please explain: _____

Please list two people, other than family members, we could call as references for you:

Name	Address	Home Phone	Work Phone

All the information given here is true. I realize that the identity and circumstances of any victim/survivor I encounter through my association with **HOPE Center** must be kept completely confidential.

Signature: _____ Date: _____

HOPE Center agrees to:

1. Provide all the necessary initial orientation, training and supervision.
2. Provide opportunities for continuing education through volunteer meetings, relevant workshops, and conferences.
3. Provide support and opportunities for debriefing in difficult situations.
4. Offer a variety of volunteer opportunities
5. Keep ongoing communication between volunteers and staff on new information and procedures.

I agree to:

1. Volunteer for HOPE Center for at least one year.
2. Attend orientation and training sessions as well as monthly volunteer meetings as part of on-going training.
3. Provide at least 24 hour notice to HOPE Center and/or find a qualified replacement for my scheduled shift, except in emergency situations.
4. Embrace HOPE Center's philosophical perspective when acting as a representative of HOPE Center.
5. Fill out a contact sheet for each contact I have with a survivor and keep monthly logs, tracking the time I spend volunteering for HOPE Center, and turn them in to HOPE Center at the end of each month.

Signature: _____ Date: _____

Return this application and all accompanying forms to:
HOPE Center, 303 NE 1st Ave, Suite 365, Faribault, MN 55021
Call 800-607-2330 or 507-332-0882. during business hours with any questions.

Thank you for your interest in volunteering with HOPE Center and for your commitment to ending violence in our community.

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For Office Use Only

Training Date _____ Interview Date _____ Self Evaluation/Exit Interview _____
 Criminal Check _____ Hours of training Completed _____ Start Date _____
 Reference Check _____ Sexual Misconduct Check _____