

***Within Your Reach***  
**Volunteer Application Form**

**DEMOGRAPHIC INFORMATION**

<b>Name:</b>		
<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Email Address:</b>
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Mailing Address (if different from above):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Daytime Phone:</b>	<b>Evening Phone:</b>	<b>Cell Phone:</b>

**PERSONAL INFORMATION**

<b>Race:</b>	<b>Sex:</b> M                  F	<b>Marital Status:</b>
<b>Proficient in Any other Languages?</b>  Y                          N	<b>Which Language(s)?</b>	

**EMPLOYMENT INFORMATION**

<b>Current Employer:</b>	<b>Phone Number:</b>
<b>Employer's Address:</b>	
<b>Length of Employment:</b>	<b>Position/Occupation:</b>

## EDUCATION AND/OR OTHER INFORMATION

<b>Highest Level of Education:</b>			
<input type="checkbox"/> High School	<input type="checkbox"/> Associate's/Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate
<b>Degree:</b>		<b>Dates Attended/Year:</b>	

## EMERGENCY CONTACT

<b>Name:</b>	<b>Phone Number:</b>
<b>Relationship:</b>	

## References

Give three (3) references that you have known well for at least five (5) years. All references should be responsible adults of reputable standing in their communities.		
<b>Reference I</b>		
Name:		Address:
Occupation:	Employer:	Address:
Home Phone #:	Work Phone #:	Number of Years Acquainted:
<b>Reference II</b>		
Name:		Address:
Occupation:	Employer:	Address:
Home Phone #:	Work Phone #:	Number of Years Acquainted:
<b>Reference III</b>		
Name:		Address:
Occupation:	Employer:	Address:
Home Phone #:	Work Phone #:	Number of Years Acquainted:

## Court Record

Have you ever been arrested, charged, or summoned with any offense including but not limited to criminal violations, disorderly persons offenses, or ordinance violations. Yes <input type="checkbox"/> No <input type="checkbox"/>				
If the above answer is "yes" please complete the below information				
Date:	Location:	Charge:	Disposition:	Details:
Date:	Location:	Charge:	Disposition:	Details:
Do you have any prior involvement or experience with Domestic Violence, either as a victim or the accused? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If the above answer is "yes" please complete the below information				
Date:	Location:	Charge:	Disposition:	Details:
Date:	Location:	Charge:	Disposition:	Details:

## Driving Record

Driver's License Number:	State:	Have you held a driver's license in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES", what state?
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## Do you have any training or experience in any of the following?

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|---|--|
| <input type="checkbox"/> Medicine                       | <input type="checkbox"/> Criminology                     |
| <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> Law Enforcement                 |
| <input type="checkbox"/> Counseling                     | <input type="checkbox"/> News Media                      |
| <input type="checkbox"/> Psychology                     | <input type="checkbox"/> Advertising or Public Relations |
| <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> Writing                         |
| <input type="checkbox"/> Child Development              | <input type="checkbox"/> Public Speaking                 |
| <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Art or Graphic Design           |
| <input type="checkbox"/> Child Welfare                  | <input type="checkbox"/> Fundraising                     |
| <input type="checkbox"/> Social Work                    |  |
| <input type="checkbox"/> Education                      |  |

**Reasons for Applying to Volunteer:**

What, if any, has been your experience in Domestic Violence and Sexual Assault?

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Please explain your reasons for applying to become a part of the Within Your Reach Team.

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**Volunteering Options**

Pick At Least One:

- Domestic Violence Response Team Advocate
- Sexual Assault Response Team Advocate
- Speaking Task Force
- Fundraising and Events
- Community Educator
- Hotline Advocate

**Domestic Violence Response Team Advocate & Sexual Assault Response Team Advocate:**

Responsible for responding to crisis calls by either phone contact or accompaniments in hospitals or police departments, and Grand Jury Hearings. Provide referral services within the clients' area of residence.

Requires 40 Hour training at no cost.

### **Speaking Task Force**

Speak about your experience with domestic violence and sexual assault to an audience of community members in many different venues. Will be within the geographical location of your choice. All travel costs incurred will be covered by volunteer.

### **Fundraising and Events**

Assist with planning, and organizing events. Sorting donations, filing, data entries, and phone calls; special projects, finding sponsors, mailings, marketing and advertising.

### **Community Educator**

Will be directed to speak in educational settings about sexual assault and domestic violence, risks, risk reduction, and other relevant topics. Events will be planned ahead of time and posted up for grabs.

### **Hotline Advocate**

Responsible for scheduling hours to take hotline calls directly to your phone. No need for transportation. Crisis intervention training required, and provided at no cost. Referral services to callers.

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I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation. I also understand that willfully withholding information or making false statements on this application will be basis for dismissal from the Within Your Reach Team. I agree to these conditions and I hereby certify that all my statements made by me on this application are true and complete, to the best of my knowledge.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date