



Missouri Shores Domestic Violence Center Volunteer Application

PO Box 398 Pierre SD 57501
Office 605-224-0526

Name: _____

Phone (H): _____ (W) _____ (C) _____

Street Address: _____ City, State Zip: _____

Date of Birth: _____ E-Mail (if available): _____

Do you have a valid driver's license? _____ (Attach copy of license.)

Do you have Auto Insurance? _____ (Attach copy of proof of insurance.)

Do you have Medical Insurance? _____

Why are you interested in becoming a volunteer? Describe your expectations.

What is your greatest strength and weakness that you bring with you to Missouri Shores?

How much time are you willing to devote to Missouri Shores?

How do you handle stressful situations?

Do you have any experience with Domestic Violence/Sexual Assault issues? (not a requirement)

Are you currently experiencing any personal challenges or have any particular condition that could interfere with your volunteer job performance? If so, please explain.

Which, if any, of these issues are challenging for you? (Welfare, Alcoholism and Drug Issues, Domestic Violence and Sexual Assault, and Child Abuse. You may also have to work with other individuals whose cultural backgrounds, sexual orientation, income, education, and beliefs differ greatly from yours.

Have you ever been arrested or detained by a law enforcement agency? If so, please explain.

List two (2) references, including one (1) work reference if available, we can contact (not related).

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

What aspect of volunteer work at Missouri Shores are you interested in?

Weekend Crisis Phone Advocate ()

Providing childcare on Monday night during group sessions ()

Assisting with fundraising (i.e. selling tickets, donating food, decorating) ()

Sitting at information booths ()

Assist with lawn care ()

Assist with routine maintenance, painting, cleaning or moving furniture ()

Serving on a sub-committee: Special Events () Fundraising () Charitable Giving () Outreach/
Publicity ()

What day(s) of the week are you able to attend monthly trainings/ meetings?

Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday ()

What time(s) would you be able to attend trainings/ meetings

Noon () 4pm () Evenings ()

Any additional comments not addressed in this application.

By signing below, I authorize an inquiry on the information contained in this application if I am considered for a volunteer position. I certify that the information given is true and correct to the best of my knowledge and belief. Misrepresentation, falsification or omission of facts called for in this application is cause for cancellation of this application and/or termination of volunteer position. I further agree that if any of the above information changes, I will notify Missouri Shores Domestic Violence Center immediately.

Signature _____ Date _____

PERMISSION FOR BACKGROUND CHECK

I hereby authorize and understand that a background investigation will be conducted to verify the authenticity and completeness of the information furnished by me to Missouri Shores Domestic Violence Center.

I further agree and consent in advance to being summarily discharged from volunteer duties without cause or hearing if any of the above information contains any misrepresentations or falsification or if any material information has been omitted.

Name: _____ Signature: _____ Date: _____

We appreciate your interest in Missouri Shores Domestic Violence Center, and we will be back in touch with you as soon as possible.

Updated 01/06/2011