



MISSOURI SHORES DOMESTIC VIOLENCE CENTER

PO Box 398, Pierre SD, 57501
Ph: 605.224.0256 | Fax: 605.224.6972
24/7 Hotline: 1.800.696.7187
director@missourishores.com

Name: _____

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

Street Address: _____ City, State, Zip _____

E-mail address: _____

Date of Birth: _____

Do you have a valid driver’s license? Y N (Attach copy)

Do you have automobile insurance? Y N (Attach copy)

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

What is the greatest strength and the greatest weakness you will bring to Missouri Shores?

How do you handle stressful situations?

What kind of experience do you have with domestic violence/sexual assault/human trafficking?

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

Are any of these issues challenging for you?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Human trafficking | |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> LGBTQI+ | |

You may be required to work with individuals whose cultural background, sexual orientation, gender identity, income, education, or beliefs differ greatly from yours. Do you foresee that being an issue? If so, please explain.



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

List two (2) references (excluding family members) that we may contact.

Name: _____ Phone: _____

Name: _____ Phone: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Board member | <input type="checkbox"/> Weekend crisis phone advocate |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Shelter and lawn maintenance |
| <input type="checkbox"/> Serving on a sub-committee | |
| <input type="radio"/> Foundation | <input type="radio"/> Budget |
| <input type="radio"/> Shelter/grounds | <input type="radio"/> Community engagement |
| <input type="radio"/> Youth Advisory Council | <input type="radio"/> Fundraising |

What days(s) of the week are you able to volunteer?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

What time(s) are you able to volunteer?

- | |
|---------------------------------------|
| <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening |
| <input type="checkbox"/> Other: _____ |

Any additional comments not addressed in this application:

By signing below, I am verifying that all information I have provided to Missouri Shores Domestic Violence Center in this application is true and correct to the best of my knowledge. I also authorize Missouri Shores Domestic Violence Center to contact the listed reference and conduct a formal background check regarding any criminal history. I understand that my volunteer involvement is contingent upon a clean criminal background.

Volunteer signature

Date

