



THE POWER OF AWARENESS

VOLUNTEER APPLICATION FORM

1. DATE : _____
 2. NAME: FIRST: _____ MIDDLE: _____ LAST: _____
 3. DOB: _____ GENDER: ___ M ___ F
 4. ADDRESS : _____
CITY: _____ ZIP CODE: _____
 5. TELEPHONE NO: _____ E-MAIL: _____
 6. NUMBER OF CHILDREN: _____ AGES: _____ MARITAL STATUS: _____
 7. EDUCATION: _____
 8. EMPLOYMENT: ___ YES ___ NO IF EMPLOYED WHERE: _____
 9. JOB POSITION: _____
 10. VOLUNTEER HISTORY: _____
 11. DOMESTIC VIOLENCE WORK/VOLUNTEER HX: _____
 12. HAVE YOU EVER BEEN A VICTIM OR WITNESS TO DV? (OPTIONAL) IF SO, WHEN AND DID YOU RECEIVE COUNSELING? _____

 13. CRIMINAL HISTORY: Y N If Y, explain: _____
 14. WHY ARE YOU INTERESTED IN VOLUNTEERING WITH CHETNA? _____

 15. AREAS OF INTEREST/SKILLS AND HOBBIES: (Please specify skills such as computer skills, fund raising, graphics/design, community education, PR and communication, Public speaking, film/video expertise, grant writing, peer support, etc) _____

- PLEASE CHECK VOLUNTEER INTEREST(S): ___ FUNDRAISING/SPECIAL EVENTS ___ PUBLIC RELATIONS ___
WEB DESIGN ___ TRANSPORTATION ___ MEALS ___ COURT ADVOCATE ___ HELPLINE ___ PEER CASE
MANAGEMENT ___ COMMUNITY EDUCATION/OUTREACH ___ TRANSLATION ___ GRANTWRITING
16. HOW WOULD YOU DESCRIBE YOURSELF (EX. OUTGOING, ORGANIZED, QUIET, CREATIVE, ANALYTICAL) _____
 17. INDIAN LANGUAGES: _____ speak ___ write ___ read ___ ?

18. REFERENCES: 1. _____

2. _____

19. AVAILABILITY: DAYS PER MONTH _____ PER WEEK _____ HOURS PER DAY _____

20. DID YOU ATTEND A TRAINING AT A DOMESTIC VIOLENCE ORGANIZATION?

___ YES ___ NO. WHERE? _____ WHEN ? _____

21. IN CASE OF AN EMERGENCY, WHO DO WE CONTACT?

NAME: _____ PHONE: _____ RELATION: _____

As a Chetna volunteer, I agree to promote Chetna's mission, abide by its policies and maintain the confidentiality of clients who seek Chetna's help.

The information provided here, to the best of my knowledge is true, correct and complete.

I authorize the persons, employers, agencies, schools, and other organizations named in this application to provide CHETNA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such persons, previous employers, schools, agencies, and other organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of factual information on my application may be justification for refusal of placement or be considered sufficient cause for my dismissal without advance notice. In the event I volunteer, I understand that all volunteers are subject to dismissal at the direction of CHETNA.

I give CHETNA permission to obtain any information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, they may repeat this criminal history check at any time.

I understand that a client's history and information is privileged and should remain confidential, and that the volunteer is responsible for protecting the privacy and client information at all times.

I hereby verify that I will not disclose client's care information to anyone not entitled to the information in accordance with state and federal law. I understand that any breach of client record confidentiality may result in my termination as a volunteer with CHETNA.

If I agree to provide transportation assistance to CHETNA's clients in my vehicle, I understand that Chetna does not assume responsibility for insurance or liability in my transporting CHETNA's clients and their family. Should an accident occur, I will bear full responsibility for any injuries and damages that involve me or my family.

I understand that the completion of this form does not guarantee my status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be placed.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____

Background check completed? Y N If yes, then see attached records for results.

CHETNA Agent: _____
Signature Date