



AWARENESS • STRENGTH • PEACE

VOLUNTEER APPLICATION FORM

- 1. DATE: _____
- 2. NAME: FIRST: _____ MIDDLE: _____ LAST: _____
- 3. DOB: _____ GENDER: MALE FEMALE

Applicant must be at least 16 years old to volunteer; Applicant must be at least 18 for direct client contact.

- 4. LAST 4 DIGITS OF SOLICAL SECURITY NUMBER: _____
- 5. ADDRESS : _____
CITY: _____ ZIP CODE: _____
- 6. PRIMARY TELEPHONE#: _____ E-MAIL: _____

- *I authorize CHETNA staff to share my name, email address and phone number with other CHETNA volunteers to strengthen the communication and volunteer community _____ (initial)*
- *I authorize CHETNA staff to contact me via text message _____ (initial)*

- 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: YES NO IF YES, WHEN AND DID YOU RECEIVE COUNSELING? _____

13. HAVE YOU EVER BEEN ACCUSED OF COMMITTING FAMILY VIOLENCE?: YES NO

14. CRIMINAL HISTORY: YES NO If YES, explain: _____

15. WHY ARE YOU INTERESTED IN VOLUNTEERING WITH CHETNA? _____

16. AREAS OF INTEREST/HOBBIES: _____

PLEASE CHECK VOLUNTEER INTEREST(S):

- | | | |
|--|--|---|
| <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> MARKETING |
| <input type="checkbox"/> COMMUNITY ED./OUTREACH | <input type="checkbox"/> EVENT COORDINATION | <input type="checkbox"/> WEB DESIGN |
| <input type="checkbox"/> GRANTWRITING | <input type="checkbox"/> WRITING/RESEARCH | <input type="checkbox"/> IT |
| <input type="checkbox"/> COUNSELING (MUST BE LICENSED) | <input type="checkbox"/> TRANSLATION/INTERPRETATION | <input type="checkbox"/> CONSULTING |
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> BOARD WORK | <input type="checkbox"/> ADMINISTRATION |
| <input type="checkbox"/> LEGAL (MUST BE PRACTICING ATTORNEY) | <input type="checkbox"/> PROFESSIONAL TRAINING (FOR CLIENTS) | |

17. LIST LANGUAGES YOU SPEAK, WRITE AND READ (Please indicate if you speak, write and/or read)

1. _____ Speak/Write/Read
2. _____ Speak/Write/Read
3. _____ Speak/Write/Read
4. _____ Speak/Write/Read

18. REFERENCES (Professional and/or Personal)

Name: _____

Phone#: _____

Email Address: _____

Name: _____

Phone#: _____

Email Address: _____

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

20. DID YOU ATTEND 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. _____ (initial)

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. _____ (initial)

Most volunteers will not be participating in direct client contact. However, as a volunteer, if I do have direct or indirect contact with CHETNA's clients, I understand that any information regarding CHETNA and its clients (all matters and information related to CHETNA clients), is private and should remain confidential.

I hereby verify that I will not disclose any information regarding CHETNA or its clients to anyone outside of CHETNA (unless required by state or federal law or with written consent from client). I understand that any breach of client or agency confidentiality may result in my termination as a volunteer with CHETNA. _____ (initial)

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

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____

FOR OFFICE USE:

Background check completed? YES NO If yes, then see attached records for results.

CHETNA AGENT: _____
Signature Date