

# VOLUNTEER APPLICATION FORM

Thank you for your interest in the LIFT3 Volunteer Victim Advocate Program. We value our volunteers and interns and appreciate the time you commit to this program. Please complete the volunteer application and submit it to the Program Services Director, Rena Turner, via mail: P.O. Box 5251, Vallejo, CA 94591.

(Please use Black/Blue Ink)

## THE FOLLOWING INFORMATION IS CONFIDENTIAL

<b>NAME:</b>			
First	Middle	Last	Suffix

<b>MAILING ADDRESS:</b>		
_____		
Street Apt/Unit or PO Box		
_____		
City	State	Zip Code

Home Number: (    )	Cell Number: (    )
E-mail address: _____	
What is the best way to contact you (Please Circle)?    Home    Cell    E-mail	
What is the best time of day to contact you (Please Circle)?    Morning    Afternoon    Evening	

<b>BACKGROUND CHECK:</b> A background check is required to volunteer with LIFT3 Support Group.	
DOB: ____/____/____	SSN: _____ - _____ - _____

<b>LANGUAGE PROFICIENCY:</b> List language skills, other than English, you have and your levels of proficiency speak, read, write, etc.)	
Language:	Level of Proficiency:

**LEVEL OF EDUCATION:** Please list your highest level of education and any degrees, certifications, of licenses held.

**SPECIALIZED TRAINING:**

**SKILLS:**

**Area of Interest/Previous Volunteer Experience**

- Domestic Violence Client Advocate
- 24-Hour Crises Line/On-Call Support
- Domestic Violence Resource Advocate
- Drop-In Center Advocate
- Domestic Violence Trainer/Facilitator/Speaker
- Domestic Violence Transitional Services Advocate
- Teen Dating Violence Advocate
- Fundraiser Volunteer/Coordinator
- Event Planning Volunteer/Coordinator
- Job Skills Developer/Trainer
- Administrative/Clerical

**List all other specialized work/volunteer experience not listed:**

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**AVAILABILITY:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Date Available to start: \_\_\_\_\_

## REFERENCES

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the volunteer position for which you are applying.

<b>Reference One: Name</b>	<b>Business/Occupation</b>	<b>Relationship</b>
Address (Street)	City, State, Zip Code	Phone
<b>Reference Two: Name</b>	<b>Business/Occupation</b>	<b>Relationship</b>
Address (Street)	City, State, Zip Code	Phone
<b>Reference Three: Name</b>	<b>Business/Occupation</b>	<b>Relationship</b>
Address (Street)	City, State, Zip Code	Phone

### ***Pre-Interview Information***

1. Have you used illegal drugs in the last three (3) years? Y N
  2. Have you been arrested for any crime in the last 10 years? Y N
  3. Have you been involved in any illegal activity that would disqualify you as a volunteer? Y N
  4. How many hours are you able to volunteer per month? Please Circle: 5 10 10+
- Other (Please List) \_\_\_\_\_

**If you answered (Y) yes to any of the above please explain:**

\_\_\_\_\_

\_\_\_\_\_

### **How did you hear about this position?**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Newspaper</b><br><input type="checkbox"/> <b>OFVP Website</b><br><input type="checkbox"/> <b>LIFT3 Website</b><br><input type="checkbox"/> <b>Listservs / Email</b> | <input type="checkbox"/> <b>Friend / Family Member</b><br><input type="checkbox"/> <b>Radio Announcement</b><br><input type="checkbox"/> <b>T.V. Advertisement</b><br><input type="checkbox"/> <b>Other</b> |
|---|---|

**CERTIFICATION:** I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a volunteer position with the LIFT3 Volunteer Advocate Program.

Signature

Date

Please return this application to Program Services Director,  
Rena Turner at P.O.Box 5251, Vallejo, CA 94591

<b>FOR LIFT3 USE ONLY</b>	
<b>First Position:</b>	<b>Second Choice:</b>
<b>Day(s) able to volunteer:</b> Mon Tue Wed Thur Fri Sat Sun	
<b>Shift able to volunteer:</b>	
<b>Training (mark when completed):</b>	
<b>Orientation:</b> Date completed: _____	
<b>40-Hour DV Training:</b> Date completed: _____	
<b>Application Received:</b>	<b>Application Processed:</b>
<b>Application Reviewed:</b>	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
<b>Reason for reject/conditional accept:</b>	
<input type="checkbox"/> Interviewed <input type="checkbox"/> Background packet <input type="checkbox"/> Background checked  <input type="checkbox"/> Assigned to Position <input type="checkbox"/> Fingerprinting (if needed)	
<b>Start Date:</b>	<b>End Date:</b>