



VOLUNTEER APPLICATION

Becoming a volunteer with Victim Services includes attending all training sessions, meetings, as well as committing to a minimum of one year of service. Complete the application and return to Victim Services, Program Manager, at 812 W. Yosemite Ave. Suite 101, Madera, CA, 93637 or by email jcoronado@maderacap.org. Must be 18 years or older to apply.

Name: _____ Address: _____
 City: _____ Zip code: _____ Phone: _____
 Email: _____

Preferred method of contact (circle one): Email Text Phone

Best time to contact: _____

Are you 18 years of age or older? Yes No

Are you fluent in a language other than English? Yes No

If yes, what language(s): _____

Do you have reliable transportation? _____ Do you have a valid Driver's License? _____

If yes, DL Number: _____

Current Car Insurance? _____

Do you have any disabilities that need special accommodations? Yes No

If yes, please explain how we can provide these accommodations:

Do you know any current Victim Services staff or volunteers?

Education:

Education	School	Years Completed	Graduate: Y/N
High School/GED			
Trade School			
College/University			
Other			

Are you currently a student? _____ Name of school: _____

Major and expected graduation date: _____

Employment:

Are you currently employed? _____ Where? _____

Position: _____ Date of employment? _____

Previous volunteer experience, if any:

Do you have any education, training, or work experience that may relate to volunteering with the victim services hotline? If yes, explain:

Background:

Have you ever been convicted of a crime? (Please include misdemeanors and felonies)

Yes No

If yes, explain: _____

Have you ever experience domestic violence or sexual assault? If yes, please explain to a degree with which you feel comfortable with:

Please share your reason for volunteering. If you are volunteering for a club or community service hours, list how many hours you are required to complete:

Do you foresee any problems fulfilling your volunteer commitment of one year? If yes, provide a brief description:

Note: Volunteers are asked to commit to at least **three 12-hour shifts per month.**

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

References:

Name	Relationship	Contact Number

I understand that CAPMC-Victim Services may investigate my background, including, but not limited to my references, criminal background for suitability for volunteering at the agency.

Date: _____

Print: _____ Signature: _____