

CSADV
**Council on Sexual Assault
And Domestic Violence**
P.O. Box 1565
Sioux City, IA 51102
712-277-0131

Volunteer Application Form

Name: _____ SS#: _____
Maiden Name: _____ Date of Birth _____
Address: _____ City: _____ St: _____ Zip: _____
Hm. Phone: _____ Cell Phone: _____ Wk Phone: _____
Email: _____
Work Address: _____ City: _____ St: _____ Zip: _____
May you be called at work? _____
Email address: _____

Transportation

Do you have a valid driver's license? (y) (n) From what state? _____
Is a car available to you? (y) (n) License number: _____
Insurance Company: _____ Liability Limits: _____
Policy Number: _____ Expiration Date: _____

Work and/or Volunteer History

Present Employer or volunteer supervisor: _____
Address: _____ Phone #: _____
Job Description: _____

Previous Employer or volunteer supervisor: _____
Address: _____ Phone #: _____
Job Description: _____

Previous Employer or volunteer supervisor: _____
Address: _____ Phone #: _____
Job Description: _____

Education/Training

High School Diploma: (y) (n)
Name of school and year graduated: _____
College Degree: (y) (n) College degree(s) held: _____
Name of college and year graduated: _____

Education/Training Continued

Other educational/training programs completed: _____

Do you have training and/or work experience in any of the following areas?

Art/graphics _____ Health Care _____ Child Care _____

Law Enforcement _____ Child Development _____ Mental Health _____

Counseling _____ New Media _____ Criminology _____

Psychology _____ Drug/alcohol abuse _____ Public Speaking _____

Education _____ Writing _____

If yes, please describe: _____

Legal History

Have you ever been arrested? _____

If yes, please explain: _____

Have you ever been involved in a juvenile court case as an adult or a child? _____

If yes, please explain: _____

Have you ever been the subject of a child abuse investigation? _____

If yes, please explain: _____

Personal References

Please print names, addresses, zip codes, phone numbers of people **who have known you for at least five years. Please do not include relatives.**

Name: _____ Relationship: _____

Daytime phone: _____ Length of acquaintance: _____

Address: _____

Name: _____ Relationship: _____

Daytime phone: _____ Length of acquaintance: _____

Address: _____

Name: _____ Relationship: _____

Daytime phone: _____ Length of acquaintance: _____

Address: _____

How did you hear about our volunteer program? _____

Why do you want to work as a CSADV volunteer? _____

How many hours a month are you willing to volunteer? _____

Which days and what times of the day are best for you to volunteer? _____

To volunteer for the Domestic Violence Program and/or the Sexual Assault Intervention Program, you must not have used services in those programs within the past year. Have you used services in either of these programs within the past 12 months? _____

If so, when did you last use it? _____

Affirmation and Release

I, _____, hereby and affirm that all the answers on this volunteer application for CSADV are true to the best of my knowledge. I hereby authorize CSADV to call my listed references and conduct a criminal background and/or driving record check to determine my fitness as a CSADV volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CSADV advocate. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the volunteer coordinator as soon as possible. I am aware of the confidential nature of CSADV's program and of doing direct services, and will discuss this information only with those directly involved.

Signature of Applicant: _____

Date: _____

Witness: _____

Thank you for completing this volunteer application

Please mail it to the address listed on the front

For Office Use Only

Date Submitted: _____

References Contacted: _____

Interview Date: _____

Child Abuse Registry: _____

Proof of Driver's License: _____

Proof of Auto Insurance: _____

Release Waiver Signed: _____

Confidentiality Signed: _____

Training Completed: _____

DCI Completed: _____

Shelter/Crisis Orientation: _____

Advocate Certificate Given: _____