

ADV&SAS
Volunteer Candidate Information Form

12. Volunteer or Internship Experience

A. Name of Organization _____

Dates of Service _____

Position/Duties _____

B. Name of Organization _____

Dates of Service _____

Position/Duties _____

13. Do you speak any foreign languages? _____ If yes, please list _____

14. Where/how did you learn about ADV & SAS Volunteer Program?

15. Please explain your interest in domestic violence and sexual assault services:

16. Please check the boxes for all areas in which you would be interested in volunteering:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical On-Call | <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Shelter Advocate |
| <input type="checkbox"/> Information Booths | <input type="checkbox"/> Prevention Education | <input type="checkbox"/> Adult Group Activities |
| <input type="checkbox"/> Children's Group Activities | <input type="checkbox"/> Shelter Maintenance | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Activism | <input type="checkbox"/> Tear-offs | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Board Member |

Other _____

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17. **If you are accepted as a volunteer, when are you available?** _____

18. **Special Training, Interests and/or achievements** _____

19. **References (non-relative)**

Name	Address	Telephone Number
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

20. **References (employers): Please list your last 3 employers**

Company/Employer	Supervisor	Telephone Number	Dates of Employment
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

I authorize ADV & SAS to obtain information about me from my previous employers and references. I authorize my previous employers to disclose to ADV & SAS such information about me as ADV & SAS may request.

Applicant Signature _____ **Date** _____

21. **Emergency Contact: (Person to be contacted in case of an accident or emergency)**

Name: _____

Address: _____

Telephone Number: _____

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22. Background Check

I authorize ADV & SAS to conduct a background check as part of their volunteer screening process. In order to conduct the background check, I agree to provide the following information:

Have you ever been convicted of a felony? _____

If yes, please explain. _____

Driver's License Number _____

Issued by (State) _____

Any other name(s) used in the past: _____

Applicant Signature _____ **Date** _____

23. Verification of Application

I verify that the statements I have made in the Volunteer Candidate Information Form are true and complete. I understand that if I am accepted as a volunteer, any false or incomplete statements in this application will be grounds for termination of volunteer status.

Applicant Signature _____ **Date** _____

For Internal Use Only:	
Date Received: _____	By Whom: _____
Candidate Contact Date: _____	By Whom: _____