



ELEVATE SURVIVORS & ALLIES (ESA)

VOLUNTEER APPLICATION

Independently Operated- Survivor-Led • Trauma-Informed • Community-Centered

Thank you for your interest in volunteering with Elevate Survivors & Allies (ESA).

ESA supports survivors of human trafficking, domestic violence, sexual exploitation, and related trauma through advocacy, education, prevention, mentorship, outreach, and community engagement.

Please complete this application fully. Submission does not guarantee placement. ESA may require an interview, references, training completion, and/or a background check, depending on the volunteer role.

SECTION 1 — APPLICANT INFORMATION

Full Name: _____

Preferred Name (if different): _____

Pronouns (optional): _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

City/State/Zip: _____

Preferred Method of Contact: Phone Text Email

Best Time to Contact You: _____

SECTION 2 — EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

SECTION 3 — VOLUNTEER INTEREST

How did you hear about ESA?

- Social media Website Friend/Referral Event Partner agency Other:
-

Why do you want to volunteer with ESA?

Are you volunteering as a survivor leader or peer supporter? (optional)

- Yes No Prefer not to answer Unsure

SECTION 4 — VOLUNTEER ROLES (SELECT ALL YOU'RE INTERESTED IN)

- Mobile Outreach Support (events, supply distribution, community engagement)
 Administrative Support (calls, email support, organization, scheduling)
 Fundraising & Donation Support
 Event Support (set-up, registration, coordination)
 Community Education Support (tabling, prevention outreach)
 Mentor Support Team (non-mentoring support roles)
 Social Media / Content Support (*approved roles only*)
 Resource Navigation Support (*non-clinical*)
 Faith-Based Support/Prayer Team (*optional*)
 Transportation Support (*case-by-case approval*)
 Other: _____

SECTION 5 — SKILLS & EXPERIENCE

Do you have experience working with survivors or vulnerable populations?

- Yes No

If yes, please describe briefly:

Skills you bring (check all that apply):

- Trauma-informed communication
 Outreach experience
 Community engagement
 Public speaking
 Administrative support
 Data entry/organization
 Teaching/training

- Social media / graphic design
- Fundraising
- Peer support
- Crisis support (non-clinical)
- Bilingual: _____
- Other: _____

Languages spoken (optional): _____

SECTION 6 — AVAILABILITY

Preferred Volunteer Schedule (check all that apply):

- Weekdays (morning) Weekdays (afternoon) Weekdays (evening)
- Weekends (morning) Weekends (afternoon) Weekends (evening)

How often are you available?

- Weekly Biweekly Monthly Events only Other: _____

Are you available for emergency/last-minute outreach needs?

- Yes No Sometimes

Do you have reliable transportation?

- Yes No Not applicable

SECTION 7 — PREFERENCES & BOUNDARIES

What populations are you comfortable supporting? (check all that apply)

- Adults (18+)
- Young adults (18–24)
- Teens (14–17) (*additional approval required*)
- All genders
- Women
- Men
- LGBTQIA+ individuals
- Individuals experiencing homelessness
- Individuals in early recovery
- Returning citizens (justice-involved)
- Other: _____

Are there any tasks you prefer NOT to do?

Any physical limitations or accommodations needed? (optional)

SECTION 8 — SAFETY, CONFIDENTIALITY & PROFESSIONALISM

Please initial each statement:

- _____ I understand ESA volunteers must maintain confidentiality and privacy.
- _____ I agree to treat all participants with dignity, respect, and non-judgment.
- _____ I understand volunteers do not provide therapy, legal advice, or medical care.
- _____ I agree to follow ESA policies, safety procedures, and staff direction.
- _____ I agree not to share participant information or stories on social media.
- _____ I agree to maintain appropriate boundaries and avoid dual relationships.
- _____ I understand ESA may end volunteer placement if safety concerns arise.

SECTION 9 — SCREENING

Have you ever been convicted of a crime?

Yes No

If yes, please explain (ESA considers each situation individually):

Are you willing to complete a background check if required for your volunteer role?

Yes No

Are you willing to complete ESA Volunteer Training/Orientation?

Yes No

SECTION 10 — REFERENCES

(ESA may request references depending on role)

Reference #1 Name: _____

Relationship: _____

Phone/Email: _____

Reference #2 Name: _____

Relationship: _____

Phone/Email: _____

SECTION 11 — AGREEMENT & SIGNATURE

By signing below, I confirm that the information provided is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee placement and that ESA may require additional steps before I can volunteer.

Volunteer Signature: _____

Printed Name: _____

Date: ____ / ____ / ____

FOR ESA USE ONLY

Date Received: ____ / ____ / ____

Role(s) Assigned: _____

Orientation Completed: Yes No

Background Check: Yes No N/A

Approved By: _____

Notes: _____

