



The LeeShore Center

*Services for Victims of Domestic Violence and Sexual Assault
Support for the Central Peninsula's Families*

Date Started: _____

VOLUNTEER / BOARD APPLICATION

NAME: _____ DATE _____

MAILING ADDRESS: _____

E-MAIL: _____

HOME PHONE: _____ CELL: _____ WORK: _____

OCCUPATION: _____

EDUCATION AND/OR MAJOR COURSE WORK: _____

VOLUNTEER OR WORK EXPERIENCE:

Dates	Organization	Description of Duties	Client Population

Why do you want to volunteer in the domestic violence field? _____

How did you hear about The LeeShore Center? _____

Volunteer Opportunities

Please check all of the following volunteer opportunities that interest you:

Emergency Shelter		Office / Clerical	
Transitional Housing		Development / Fundraising	
Legal Advocacy		Facilities / Grounds keeping	
Violence Prevention/Outreach		Outreach / Public Speaking	
Donations/Clothes Closet		Special Events / Planning	
Board Member		Friends of LeeShore	

Hours available

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon – up to 5:00pm					

Special Skills: _____

Appropriate training is provided for each volunteer position. For those interested in working directly with clients a training requirement is the completion of the agency's 40-hour Community Awareness Workshop, which is offered in April and October each year. Other volunteers are welcome to attend. Due to the confidentiality of our clients, we also require volunteers working directly with clients to submit information so that we may conduct state and federal background checks. A *Release of Information* form will be required. As per agency policy, all potential and current volunteers who have or are receiving services at The LeeShore Center must discontinue volunteering until six (6) months have lapsed from the last date of service.

We like to show recognition and our thanks to our volunteers through our quarterly newsletter and other venues. Do you give permission for us to release your name: Y N

REFERENCES: please provide 3 references. You may include professional work reference and/or community volunteer work reference.

Name	Phone number	Organization	Duties

Rev 5/22

Would you like to receive The LeeShore Center newsletter? Y N

