

Volunteer Application



The Ark encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in The Ark Domestic Violence Shelter.

Personal Information

Full Name:	
Street Address:	
City, State, Zip:	
Contact Phone:	Home: () - Cell: () -
Email address:	
Date of Birth:	
Birth Name:	
Place of Birth:	
Driver's License #	
Maiden Name:	
Spouse/Partner Name:	
Gender:	

Release Authorization for Background Investigation

I hereby acknowledge that as a condition of my volunteer application The Ark Domestic Violence Shelter may conduct any or all of the following investigative measures in regard to my application:

- 1) Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application,
- 2) Require me to supply fingerprint samples and/or submit to a criminal history record check to be conducted by an approved Texas law enforcement agency,
- 3) Require me to attend a training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit to character, employment, education and reference checks.
- 4) My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Signature: _____ Date: _____

Person to Notify in Case of Emergency

Name:	
Street Address:	
City, State, Zip:	
Contact Phone:	Home: () - Cell: () -
E-Mail Address:	
Relationship:	

Employment

**You may attach a resume in lieu of this section*

Current Employer: _____ Job Title: _____

Date Started: _____

Previous Employer: _____ Job Title: _____

Dates Worked: _____

Previous Employer: _____ Job Title: _____

Dates Worked: _____

Education

Highest Level Education Completed: _____

Are you currently a student? _____ **Graduation date:** _____

School: _____ **Major:** _____

GPA: _____ **Volunteer/Internship Required?** _____ **How many hours?** _____

Date Hours to be completed by: ____/____/____

Interests

Tell us which areas you are interested in volunteering: (Check all that apply)

____ Group Facilitator ____ Shelter Relief ____ Crisis Hotline ____ Info Booths/Health Fairs

____ Events/Special Projects ____ Sorting Donations ____ Fundraising

Skills and Experience

Special training, skills, hobbies _____

Groups, clubs, organizational membership's _____

Please describe your prior volunteer experience (include organization and dates of service)

What experiences have you had that may prepare you to work as a volunteer with The Ark?

Why do you want to volunteer? Or, what do you want to gain from this volunteer experience?

*****For Office Use - Do Not Fill Out*****

Name of Volunteer: _____

Date Volunteer Application Submitted: _____

Date Background Check Completed: _____ Clear Background: **Yes** **No**

Complete the following with volunteer and initial and date:

Review and Sign Confidentiality Agreement _____

Review and Sign DFPS Background Affidavit _____

Review Policy and Procedures _____

Review timesheets and badges _____

Complete 10 hour Training _____

Complete SA Training _____

Give tour and Introduce to staff _____

Complete in additional for Interns and initial and date:

Review and Sign the Understanding Internship as a Non-paid position form: _____