



SALEM COUNTY WOMEN'S SERVICES
P.O. BOX 125 SALEM, N.J. 08079-0125

Volunteer Application

Please print neatly

Name: _____ Date: _____

Address: _____ Phone: (home) _____

_____ Phone: (cell) _____

_____ Phone: (work) _____

Email: _____

How did you hear about us? _____

Educational Information

List all schools attended. Include name of school, location, dates attended "from - to", course pursued, date graduated, degrees or diplomas.

Employment Information

Employer: _____

Job Title: _____

Address _____

Phone _____ Dates of employment _____

Employer: _____

Job Title: _____

Address _____

Phone _____ Dates of employment _____

Employer: _____

Job Title: _____

Address _____

Phone _____ Dates of employment _____

Volunteer Experience

Please list all volunteer all volunteer experience you have had: _____



A United Way Member Agency

Have you ever received the state-required 40 hour training for domestic violence and/or sexual assault? (this training is **not** required for all volunteer opportunities).

Yes _____ No _____

If yes, when and where did you complete this training? _____

References

Give three (3) references who are not relatives. Preferably these are people who have known you for the past 3-5 years.

1. Name: _____ Phone: _____

Address: _____

Relationship: _____ Length of time known: _____

2. Name: _____ Phone: _____

Address: _____

Relationship: _____ Length of time known: _____

3. Name: _____ Phone: _____

Address: _____

Relationship: _____ Length of time known: _____

Availability and Interests

When are you available to start volunteering? _____

If you work, please list the days and times you will not be available to volunteer because of that obligation: _____

Please check all volunteer opportunities for which you are interested in applying. Those listed with an asterisk (*) do not require the 40 hour domestic violence or sexual assault training.

Domestic Violence Response Team (DVRT) _____

Sexual Assault Response Team (SART) _____

Court accompaniment _____

Translators for Spanish-speaking clients _____

Clerical* _____

Fundraising Committee* _____

Other (please specify) _____

COURT RECORD

Have you ever been arrested or charged with any criminal violation? YES _____ NO _____

If "yes", please explain: _____

Have you ever been arrested, charged, or summoned with any offense including but not limited to Domestic Violence, disorderly persons offenses, (i.e., public intoxication, D.U.I.), Township Ordinance, as an adult or as a juvenile? YES _____ NO _____

If "yes", please explain: _____

Do you have any prior involvement or experience with Domestic Violence or Sexual Assault, either as a victim or an accused? YES _____ NO _____

If "yes", please explain: _____

Do you know personally, anyone who has been the victim or defendant in any Domestic Violence or Sexual Assault matter? YES _____ NO _____

If "yes" please explain using general information (do not use victim or defendant names).

Have you ever had any legal action taken against you? YES _____ NO _____

If "yes", please explain: _____

For those applying to be advocates on the Domestic Violence Response Team (DVRT) or the Sexual Assault Response Team (SART), please answer the following questions:

How did you hear about the Domestic Violence Response Team (DVRT) or the Sexual Assault Response Team (SART)?

What, if any, has been your experience in domestic violence or sexual assault?

What special skills, interests, or experience do you have which would contribute to your involvement in domestic violence or sexual assault support and services?

Explain your reasons for applying to be an advocate on the Domestic Violence Response Team (DVRT) or the Sexual Assault Response Team (SART).

How do you feel about working in an environment that deals with sensitive issues such as incest, reproductive choice, sexual orientation, domestic violence, and rape?

Volunteering as an advocate involves time and energy. Are you willing to commit to on-call shifts, attending quarterly meetings, and occasional associated events?

Yes _____ No _____

I understand that my service as a Domestic Violence Response Team (DVRT) or Sexual Assault Response Team (SART) advocate will be contingent upon the results of processing this application. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from Domestic Violence Response Team (DVRT) or Sexual Assault Response Team (SART). I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date

Thank you for your interest in becoming a volunteer for SCWS. Please return all portions of this application to SCWS, PO Box 125, Salem, NJ 08079 or by fax (856)935-6165.

Sincerely,
Lori Davenport, BA, DVS, CSVA
Executive Director



SALEM COUNTY WOMEN'S SERVICES
P.O. BOX 125 SALEM, N.J. 08079-0125

Volunteer Waiver Form

I, _____, _____,
(Name) (Telephone Number)

_____, give my
(Address)
permission for Salem County Women's Services to request a criminal background
check from Identogo by Morpho Trust.

Signature

Date

(12/2016)



A United Way Member Agency