

Family Support Center & Kids First Children's Advocacy Center

(Programs of Rural Resources)

VOLUNTEER APPLICATION

The information you provide will be kept confidential. This application is designed to help YOU determine whether you are prepared to become a volunteer and to provide information, which will assist us in making a similar decision.

Upon receipt of your application, your references and background check will be completed and a pre-training interview will be set up at that time.

Name: _____ Birthdate: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Please list the names, relationship, and ages of anyone else living in your home.

Name	Relationship	Age

Please list all other addresses you have lived at during the past 10 years.

Address: _____
(Street) (City) (State) (Zip)

Address: _____
(Street) (City) (State) (Zip)

Address: _____
(Street) (City) (State) (Zip)

Address: _____
(Street) (City) (State) (Zip)

1. Have you ever been a volunteer for this agency in the past? No Yes If so, when? _____

2. Why are you interested in volunteering for our programs? _____

3. Please discuss your experience with domestic violence, sexual assault, child abuse and other crimes (i.e. training, personal experience, counseling, etc.)

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VOLUNTEER OPPORTUNITIES

Which of the following volunteer opportunities interests you the most?

(Check as many as you like. You may change your selections at any time)

- | | | |
|---|---|---|
| <input type="checkbox"/> Advisory Board | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Prevention Education |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Help Line * | <input type="checkbox"/> Safe Home * |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Translator (language: _____) |
| <input type="checkbox"/> Court Advocate * | <input type="checkbox"/> Medical Advocate * | <input type="checkbox"/> Transporter * |
| <input type="checkbox"/> Crisis Daycare * | <input type="checkbox"/> Office Advocate * | |

*Some of the above activities (direct client service) require a 40-hour pre-service training. The State requires continuing education each year thereafter if working with clients. Are you able to fulfill this volunteer requirement? Yes No

EDUCATION

SCHOOL NAME	DATES ATTENDED	GRADUATE?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Please list your past/present employers or volunteer experience for the last 10 years, beginning with your most recent.

◆Employer: _____ From: _____ to _____
(mo/yr) (mo/yr)
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Title: _____
 Number of Employees Supervised: _____ Reason for Leaving: _____
 Your Direct Supervisor: _____ Hours worked per week: _____
 Duties: _____

◆Employer: _____ From: _____ to _____
(mo/yr) (mo/yr)
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Title: _____
 Number of Employees Supervised: _____ Reason for Leaving: _____
 Your Direct Supervisor: _____ Hours worked per week: _____
 Duties: _____

◆Employer: _____ From: _____ to _____
(mo/yr) (mo/yr)
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Title: _____
 Number of Employees Supervised: _____ Reason for Leaving: _____
 Your Direct Supervisor: _____ Hours worked per week: _____
 Duties: _____

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REFERENCES

Please list three persons who are not relatives and who have definite knowledge of your qualifications and fitness for the volunteer position for which you are applying. Please avoid repeating names of supervisors listed under Employment History.

Full Name	Relationship to Applicant (friend, co-worker, etc.)	Address	Telephone Number	Business or Occupation
1.				
2.				
3.				

Thank you for expressing interest in volunteer opportunities at Family Support Center & Kids First Children’s Advocacy Center. If you have any questions, you may call (509) 685-6092. Please return your completed application to:

**Family Support Center & Kids First Children’s Advocacy Center
956 S. Main Street, Suite C
Colville, WA 99114**

AFFIDAVIT

Please read each statement carefully before signing

As a volunteer applicant for Family Support Center & Kids First Children’s Advocacy Center, I authorize you to conduct a background investigation.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand any investigation conducted may include a request for employment and educational history, driving records, and criminal history. I authorize whether listed or not, any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and **I hereby release all persons and organizations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so.**

I have read, understand, and by my signature consent to these statements.

Signature

Date