



Thank you for your interest in volunteering with the Monadnock Center for Violence Prevention!

At MCVP we believe:

- ❖ Violence is an unacceptable response to conflict
- ❖ Clients are empowered to make their own choices
- ❖ Violence affects others beyond the immediate victim
- ❖ Intimate partner violence is deeply rooted in societal attitudes
- ❖ Education can change behavior
- ❖ And Everyone is entitled to feel safe

It is the mission of MCVP to:

- ❖ Assist victims of domestic and sexual violence in the Monadnock region through crisis intervention, peer support, court advocacy, safe housing, and referral to other services
- ❖ Reduce the incidence and impact of domestic and sexual violence by advocating for public policies and providing education, awareness and prevention programs

Please fill out the attached application and return to:

MCVP

ATTN: Direct Services Coordinator

12 Court Street, Suite 103

Keene, NH 03431

OR, if you have any questions about volunteering please contact:

Amy Coey, Direct Services Coordinator

(603) 352-3782 or dscoordinator@MCVPrevention.org

or

Kasey LaFlam, Education & Community Outreach Coordinator

(603) 352-3782 or edcoordinator@MCVPrevention.org

**Monadnock Center for Violence Prevention
Volunteer Application**

- 1. Please answer **all** questions in application and sign and date at the end.
- 2. Please read "Rights and Responsibilities" form.
- 3. Complete and sign top of **all 3** reference forms and distribute to each reference.
- 4. Mail completed application and resume to:

MCVP
 Attn: Direct Services Coordinator
 12 Court St., Suite 103
 Keene, NH 03431

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Over age of 18?:** Y N **Birthday (mm/dd):** _____

Email: _____ **Referred by:** _____

What has attracted you to consider working as a volunteer at MCVP?

What benefits do you expect to derive?

What skills do you think you would bring?

Have you been abused yourself or do you know someone who has? How do you think this would impact your work here?

Please share any background experiences you have that would enhance your volunteer work at MCVP.
(personal, educational, work, etc.)

Do you feel a client's crisis could trigger an emotional reaction based on your own experiences?

Are you currently in counseling or have you sought counseling in the past? What kind?

Would getting crisis calls during different hours of the night be problematic for you in any way? Explain:

Occasionally, you may be called out of your home to respond to the hospital. Would that bother you at all?
Explain:

We ask our volunteers to commit to MCVP for a minimum of one year. Can you make this commitment? How many nights on call a month would you be able to commit to? If less than four please explain.

Volunteer Signature: _____ Date: _____

Direct Service Volunteer – Rights and Responsibilities

Thank you for your interest in volunteering as a Direct Service Advocate with MCVP! We encourage you to review our website and become familiar with our services and mission before submitting your application. Below are your “Rights and Responsibilities” as a volunteer with our organization.

MCVP’s Responsibilities to our Volunteers

- ❖ Train volunteers in the skills necessary to effectively provide advocacy.
- ❖ Provide supervision and ongoing training as a means of updating and further developing knowledge of the subject.
- ❖ Make staff available to provide consultation and support.
- ❖ Provide letter of reference for employment or education. If this is your intention, it is important to discuss this with the Direct Services Coordinator.

MCVP Volunteer’s Responsibilities

- ❖ Successfully complete MCVP training program (minimum of 32 hours).
- ❖ Uphold client confidentiality.
- ❖ Attend a minimum of one Direct Service Volunteer meeting per quarter.
- ❖ Provide support, information, and referrals as appropriate to survivors of sexual assault and domestic violence, their families, and friends.
- ❖ Be available for all selected shifts unless special arrangements have been made. Shift sign-up expectation: a minimum of 4 shifts a month, including a Saturday or Sunday shift. Volunteers are to take responsibility for scheduling another advocate if unable to fill a shift.
- ❖ Respond to crisis calls within 10 minutes, respond to hospital calls within 30 minutes.
- ❖ Contact staff the next business day to report call activity on the hotline.
- ❖ Complete and submit appropriate report forms promptly after completion of shift.
- ❖ Keep up-to-date on agency protocols through training opportunities, completing a minimum of 6 hours of training per year.

If you have any questions or concerns about these expectations (e.g., requirement of 4 shifts per month) prior to submitting your application, please contact the Direct Services Coordinator, at (603) 352-3782, Monday through Friday, 8am to 4pm.

Monadnock Center for Violence Prevention
Volunteer Application – Reference Form #1

(To be completed by applicant)

Applicant's Name: _____

I authorize _____ to complete this reference form and to speak with the staff of MCVP regarding my application to volunteer.

Applicant Signature _____

Date _____

Reference Name & Address: _____

Phone: _____

How long have you known this applicant? _____

In what capacity and how well do you feel you know this applicant? _____

Do you have any concerns about this applicant working with victims of domestic violence and/or sexual assault?

How responsible is the applicant?

Very ___ Usually ___ Seldom ___ Not at all ___ Unknown ___

To what extent does the applicant follow through on commitments?

Always ___ Usually ___ Sometimes ___ Seldom ___ Never ___

Describe, if you can, the strong qualities this applicant possesses that would best assist the client population MCVP serves.

Please evaluate this individual on:

	Excellent	Good	Fair	Not sure
Ability to cope with problem situations				
Ability to adjust to expectations of others				
Acceptance of people with different backgrounds and beliefs				
Sense of humor				
Interest in community				
Ability to communicate				

If you have any additional comments regarding this applicant’s interest in and capacity for volunteering with MCVP please specify.

The information provided in this reference form will be held in confidence by our agency. It is not shared with the volunteer. Thank you for your cooperation.

Signature _____

Date _____

If you would like to further discuss your answers, please call the Direct Services Coordinator at (603) 352-3782, Monday through Friday, 8am to 4pm. Completed reference forms should be mailed to:

**MCVP
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 12 Court Street, Suite 103
 Keene, NH 03431**

Monadnock Center for Violence Prevention
Volunteer Application – Reference Form #2

(To be completed by applicant)

Applicant's Name: _____

I authorize _____ to complete this reference form and to speak with the staff of MCVP regarding my application to volunteer.

Applicant Signature _____

Date _____

Reference Name & Address: _____

Phone: _____

How long have you known this applicant? _____

In what capacity and how well do you feel you know him or her? _____

Do you have any concerns about this applicant working with victims of domestic violence and/or sexual assault?

How responsible is the applicant?

Very ___ Usually ___ Seldom ___ Not at all ___ Unknown ___

To what extent does the applicant follow through on commitments?

Always ___ Usually ___ Sometimes ___ Seldom ___ Never ___

Describe, if you can, the strong qualities this applicant possesses that would best assist the client population MCVP serves.

Please evaluate this individual on:

	Excellent	Good	Fair	Not sure
Ability to cope with problem situations				
Ability to adjust to expectations of others				
Acceptance of people with different backgrounds and beliefs				
Sense of humor				
Interest in community				
Ability to communicate				

If you have any additional comments regarding this applicant's interest in and capacity for volunteering with MCVP please specify.

The information provided in this reference form will be held in confidence by our agency. It is not shared with the volunteer. Thank you for your cooperation.

Signature_____

Date_____

If you would like to further discuss your answers, please call the Direct Services Coordinator at (603) 352-3782, Monday through Friday, 8am to 4pm. Completed reference forms should be mailed to:

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Keene, NH 03431**

Monadnock Center for Violence Prevention
Volunteer Application – Reference Form #3

(To be completed by applicant)

Applicant's Name: _____

I authorize _____ to complete this reference form and to speak with the staff of MCVP regarding my application to volunteer.

Applicant Signature _____

Date _____

Reference Name & Address: _____

Phone: _____

How long have you known this applicant? _____

In what capacity and how well do you feel you know him or her? _____

Do you have any concerns about this applicant working with victims of domestic violence and/or sexual assault?

How responsible is the applicant?

Very___ Usually___ Seldom___ Not at all___ Unknown___

To what extent does the applicant follow through on commitments?

Always___ Usually___ Sometimes___ Seldom___ Never___

Describe, if you can, the strong qualities this applicant possesses that would best assist the client population MCVP serves.

Please evaluate this individual on:

	Excellent	Good	Fair	Not sure
Ability to cope with problem situations				
Ability to adjust to expectations of others				
Acceptance of people with different backgrounds and beliefs				
Sense of humor				
Interest in community				
Ability to communicate				

If you have any additional comments regarding this applicant's interest in and capacity for volunteering with MCVP please specify.

The information provided in this reference form will be held in confidence by our agency. It is not shared with the volunteer. Thank you for your cooperation.

Signature_____

Date_____

If you would like to further discuss your answers, please call the Direct Services Coordinator at (603) 352-3782, Monday through Friday, 8am to 4pm. Completed reference forms should be mailed to:

**MCVP
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 Keene, NH 03431**

Volunteer Application Procedure

Purpose: Anyone seeking to volunteer with the Monadnock Center for Violence Prevention will complete the standardized volunteer application process. If at any point during the application process or during the course of training, the Executive Director and/or the Volunteer Coordinator conclude that it is not in the best interest of the Monadnock Center for Violence Prevention for the applicant to become a volunteer, they may terminate, without cause, the applicant's participation with the agency.

Procedure:

1. All applicants will complete an application form, provide the names of three references and participate in either an interview with the Volunteer Coordinator or attend the New Volunteer Orientation.
2. An applicant may be ineligible for volunteering or terminated from the training program should the Executive Director and/or Volunteer Coordinator determine that the volunteer is conducting her/himself in such a way as to be considered detrimental to the agency, or in any false, dishonest or misleading representations have been made.
3. All information submitted is subject to investigation and will be considered in determining eligibility for volunteering with the agency.
4. All information will be kept in strictest confidence, to the extent permitted by law, and will become part of the volunteer's file.

Adopted by MCVP Board of Directors

October 2, 1995