

VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____ PHONE: _____

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

What benefits do you expect to derive?

**Have you been abused yourself or do you know someone who has?
Please explain:**

Background experiences (personal, educational, work, volunteer, 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 bother you in any way? Explain:

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

Are you aware of the volunteer commitment after the training? Can you fulfill this commitment?

Are you interested in any of these other agency activities?

- | | |
|----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> support group facilitator | <input type="checkbox"/> fund raising |
| <input type="checkbox"/> court advocacy | <input type="checkbox"/> poster work |
| <input type="checkbox"/> public speaking | <input type="checkbox"/> grant writing |
| <input type="checkbox"/> providing transportation | <input type="checkbox"/> legal research |
| <input type="checkbox"/> babysitting | <input type="checkbox"/> attending meetings |
| <input type="checkbox"/> host home | <input type="checkbox"/> local/statewide |

Is there any other pertinent information that you would like us to know?

Please list the names and addresses of 3 references (at least 2 professional/academic) on the attached sheets and sign the volunteer permission on the back of each.

MONADNOCK CENTER FOR VIOLENCE PREVENTION
VOLUNTEER CRISIS INTERVENTION WORKER
PERSONAL REFERENCE CHECK

Name of Applicant: _____ 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? _____

What are some of his or her strong qualities? _____

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 ____
Irresponsible ____ Unknown ____

To what extent does the applicant follow through on commitments? Always ____
Usually ____ Sometimes ____ Seldom ____ Never ____

Describe if you can, what you believe this applicant's strong points might be in working with the client population that MCVP serves.

Please evaluate this individual on:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Not Sure</u>
-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:	[]	[]	[]	[]

Do you know of any reason why the applicant would not serve well as a volunteer? _____

If you have additional information or comments that you feel would be helpful to us, please include them in the space below. If you would like to further discuss your answers, please call Monadnock Center for Violence Prevention at (603) 352-3782.

The information you provide on the volunteer will be held in confidence by our agency. It is not shared with the volunteer. Thank you for your cooperation.

Date _____ Signature _____

Volunteer Permission

By signing below, I give my permission to _____ to provide a character reference for information regarding my skills to be a volunteer for Monadnock Center for Violence Prevention.

Date _____ Signature _____

**Monadnock Center
for Violence Prevention, Inc.**

Policy: Application for Volunteer Position

Type: Personnel

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