

DOMESTIC VIOLENCE SHELTER AND SERVICES, INC.  
VOLUNTEER APPLICATION

**Directions:** Please mail completed application to the **Direct Services/Outreach Director** at **P.O. Box 1555 ♦ Wilmington, NC ♦ 28402** or **Fax to 910.343.9388**.

If you have received shelter or services/assistance (including support groups) from any domestic violence agency or, if you have been a domestic violence victim within the past year, please contact the **Direct Services/Outreach Director (910.343.9969 ext. 111)**, before completing this application.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE (optional): \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: (Home) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Work) ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DAYS/HOURS AVAILABLE TO VOLUNTEER: \_\_\_\_\_

HOBBIES OR INTERESTS: \_\_\_\_\_

How did you discover the opportunity to become an advocate/volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Below is a list of possible volunteer activities, please check the ones for which you have an interest:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Court Advocacy   | <input type="checkbox"/> Office Work           | <input type="checkbox"/> Vintage Values Resale Shops |
| <input type="checkbox"/> Fundraising  | <input type="checkbox"/> Speaker's Bureau      | <input type="checkbox"/> Household Maintenance       |
| <input type="checkbox"/> Direct Services w/women                                  | <input type="checkbox"/> Transportation        | <input type="checkbox"/> Children's Advocacy         |
| <input type="checkbox"/> Donation Pick-up (must provide proof of insurance/truck) | <input type="checkbox"/> Other (specify) _____ |  |

Past relevant experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purpose in volunteering: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DOMESTIC VIOLENCE SHELTER AND SERVICES, INC.  
VOLUNTEER APPLICATION

What qualities and skills do you have that you feel would contribute in this type of work? \_\_\_\_\_

---

---

What are your feelings toward a woman who elects to remain in a violent situation? \_\_\_\_\_

---

---

Often children from violent homes repeat behavior they have witnessed (i.e. verbal and physical abuse). Describe your reaction toward a child who may choose to repeat aggressive behaviors in your presence: \_\_\_\_\_

---

---

Any comments or questions: \_\_\_\_\_

---

---

Have you ever been convicted of a criminal offense? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

---

---

Please list two (2) references:

Name	Address	Relationship	Home/Work Phone
------	---------	--------------	-----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

Please provide emergency contacts:

Name	Address	Relationship	Home/Work Phone
------	---------	--------------	-----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge and belief. I understand that willful misrepresentation or omission of facts may prevent my serving as a volunteer. I release all persons and agencies from any and, all liability that may be incurred as a result of obtaining and using this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_