

Volunteer Application

Name:					_	
Address:					-	
Phone:	Cell Phone	e:				
Email:					_	
Are you 18 years of age or older?	Yes		No			
Are you fluent in any language other tha	an English?	Yes	No	0		
If yes, what is/are the language(s):						
Do you have reliable transportation? Do you have a valid driver's license? Current Car Insurance?	Yes Yes Yes	No No No				
Driver's License Number:			-			
Do you have any disabilities that need s	pecial accomm	odations?	Yes	No		
Employment Information:						
Employer Po:	sition Held		Da	ates		
Volunteer Information:						
Have you volunteered with Mountain Co	risis Services/V	alley Crisis	Center pre	viously?	Yes	
If yes, please provide the dates of service	e and your pos	sition:			_	



Other volunteer experie	nce (if any):		
Organization	Position	Dates	
Background Information	1:		
Have you ever been con	victed of a crime? (Please include	misdemeanors and felonies)	
Yes	<u> </u>	_ No	
If yes, please give the na	ture of the conviction (answerin	g yes does not automatically disqualify you).
Have you experienced delifyes, please explain:	omestic violence or sexual assa	nult? Yes No	
Share your reasons for w	vanting to volunteer at MCS:		
References			
Name	Relationship	Phone	
1			
2			
3.			

Interests



Please chec	ck the area(s) that you	would like t	o participate ii	n as a volun	teer:		
Bookkeepir Cleaning Computer H Data Entry Fund Raisin Hauling Legal Advoc Outreach Phone/rece Website Art Program	Help g cate eption ns	Child Advocate Clerical Crisis Hotline Donation Collection Graphic Arts Maintenance Organizing Events Peer Counseling Shelter Advocate Yard Work Other: Other:						
Availability	(Flease III	uicate uays	and times y	you are most a	ivaliable)			
	W	eekly	Monthly _	Occasio	nal Special	Projects _		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning								
Afternoon								
Evening								
limited to m	y references	, criminal bad	ckground and	Crisis Center mo d suitability for v hout monetary	volunteering	at the age		-
Volunteer S	Signature: _				Date	e:		
*Parent's S *(Required of	ignature: _ volunteers u	nder age)			Date	2:		
Please note	e: All inform	nation that is	s provided v	will be kept co	nfidential.			



We know that many of our volunteers have personal experience with domestic violence and or sexual assault. When working with clients, these experiences may foster compassion and empathy. However, if the experience is recent, ongoing, or still painful, it may indicate that the training and work with clients may leave you emotionally vulnerable and interfere with your ability to effectively interact with clients.

Please consider the following before committing to a volunteer position.

- 1. Have you been in a violent relationship within the past two years and find yourself thinking about it frequently?
- 2. Has a close family member or close friend been in a violent relationship within the past two years and find yourself thinking about it frequently?
- 3. Have you or someone you are close to been a victim of sexual assault within the past two to three years and do you find yourself thinking about it frequently?
- 4. If these situations occurred more than two years ago, do you still find yourself thinking about it frequently? (once a week or more)
- 5. Have you recently (within the past year) participated in a treatment or recovery program for substance abuse?
- 6. If you participated in a treatment or recovery program previously, do you find yourself thinking about substance abuse frequently? (once a week or more)
- 7. If you do not think of it frequently, do discussions of substance abuse bring up thoughts and memories that are emotionally difficult for you?

If you answered yes to one or more of these, it may be that you need to consider whether or not this is the time for you to actively participate with clients.



What is your understanding of Mountain Crisis Services work?					
Have you ever worked in this agency before? Yes No					
If yes, In what capacity?					
Are you planning to do volunteer work due to a school/class requirement? Yes No					
List any special skills:					
Please note our policy is that survivors of Domestic Violence or Sexual Assault delay attending the training for at least one year after receiving services from Mountain Crisis Services. While we can't verify services at another Domestic Violence/Sexual Assault location, this guideline is strongly recommended if you have received similar services from any other agency, in order to allow adequate time for the healing process.					
Have you ever used Mountain Crisis Services programs and services before? Yes No					
If yes, when and which services?					
What is your experience with Domestic Violence and Sexual Assault?					
What do you think is the major cause of violence against women?					
Please share the reason you want to volunteer with Mountain Crisis Services? What are your needs?					



We work with a diverse group of individuals, representing many cultures, religions, sexual orientations, belief systems, values, etc. Have you worked with a diverse group of people before and what is your comfort level doing so?

What do you feel are your strengths and weaknesses in doing this work? What skills do you bring and what concerns do you anticipate?

List 5 words that describe you.

Mountain Crisis Services approach in working with clients is to be empathetic, which means to understand a person's motivation and feelings. What does this mean to you? How can you see yourself using empathy when volunteering for Mountain Crisis Services?

Situational question: You receive a call on the crisis line from a woman who just fled from an abusive event with her partner, she's in crisis. Do you:

- A. Tell her to call the police.
- B. Educate her about Mountain Crisis Services.
- C. Encourage her to calm down and listen.
- D. Ask her to come to the shelter so that she is safe.

Please choose as many answers which you feel are appropriate and describe why you chose them. If none of these options feel appropriate, describe what you would do?

What is your availability as a volunteer? How many hours would you like to volunteer/month?



Pie	ase indicate which services you would like to participate in as a volunteer.
	Assisting in fundraisers and awareness raising events
	Providing crisis intervention with clients within emergency room setting
	Providing support and guidance to clients within our shelter
	Providing peer counseling to clients
	Utilizing a special skill or talent you have to train our clients (budgeting/money management, arts and crafts)
Th	ese opportunities are only available during normal business hours.
	Providing legal advocacy and assistance with Restraining Orders
	Providing workshops and trainings to youth within a school setting
	Assisting with light office work
	Accompanying and advocating for clients seeking social services
	Prevention work
	Other