

Intimate Partner Domestic Violence and Sexual Assault, Prevention and Intervention Services

Office: (209) 742-5865 **Physical Address**

5075 Highway 140 Suite C Mariposa, CA 95338

| Fax: (209) 742-4246 | Crisis Line: 1-888-966-2350| Email: info@alliance4you.org **Mailing Address** P.O. Box 2075 Mariposa, CA 95338

VOLUNTEER APPLICATION

Name:		
Address:		
Email:		
Preferred Method of Contact: □ Phone □		
Are you 18 years of age or older? \Box Yes \Box No Are you fluent in any other language other than English? \Box Ye	es 🗆 No	
If yes, what language(s):		
Do you have reliable transportation?	□ Yes □ No	
Do you have a valid Driver's License?	\Box Yes \Box No	
Have you had a valid Driver's License for at least 5 years?	\Box Yes \Box No	
Current Car Insurance?	\Box Yes \Box No	
Driver's License Number:		
Do you have any disabilities that need special accommodations	s? □ Yes □ No	
If yes, please explain how we can provide these accommodation	ons:	

Employment Information:

Are you currently employed? \Box Yes \Box No

Current/Previous Employers:

Employer:	Position Held:	Dates of Employment:	

Volunteer Information:

Have you volunteered with Mountain Crisis Services previously? □ Yes □ No Have you volunteered with Valley Crisis Center previously? □ Yes □ No

If yes, please provide the following information:

Agency:	Position:	Dates of Service:

Do you have any other volunteer experience (if any)? \Box Yes \Box No

If yes, please provide the following information:

Agency:	Position:	Dates of Service:

Background Information:

Have you ever been convicted of a crime? (Please include misdemeanors and felonies) \Box Yes \Box No If yes, please give the nature of the conviction (Answering does not automatically disqualify you)

Have you experienced domestic violence, sexual assault or human trafficking? \Box Yes \Box No If yes, please explain:

Please share your reasons for wanting to volunteer at MCS/VCC:

Certifications:

Do you have any specific certifications?

Certificate:	Year Received:
Certificate:	Year Received:
Certificate:	Year Received:

Revised: 11/15/2023

References:

Name:	Relationship:	Contact Number:

Interests:

Please check the area(s) you would like to participate in as a volunteer:

Bookkeeping	Child Advocacy	Cleaning	
Clerical	Computer Help	Crisis Hotline	
□ Data Entry	Donation Collection	□ Fundraising	
Graphic Arts	□ Hauling	Shelter/Office Maintenance	
□ Legal Advocacy	Organizing Events	□ Outreach	
□ Peer Counseling	□ Phone/Reception	□ Shelter Advocacy	
Website/Social Media	Yard Maintenance	□ Other:	

Availability:

Please indicate the dates and times you are most available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

□ Weekly □ Monthly □ Occasional Special Projects

I understand that Mountain Crisis Services/Valley Crisis Center may investigate my background, including, but not limited to my references, criminal background and suitability for volunteering at the agency. I also understand that as a volunteer I am providing my services without monetary compensation.

Volunteer Signature:	Date:
*Parent's Signature:	Date:

* (Required of volunteers under age)

Please Note: All information provided will be kept confidential and only be viewed by Program Specialist and/or Program Director.



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Volunteer Self-Assessment

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 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 last two years and you 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 questions, it may be that you need to consider whether or not this is the time for you to actively participate with clients.

This training is very mentally exhausting and anyone who has past trauma could be triggered by the information provided. If you have any concerns, feel free to talk to the Program Specialist about them.