



Intimate Partner Domestic Violence and Sexual Assault, Prevention and Intervention Services
Office: (209) 742-5865 | Fax: (209) 742-4246 | Crisis Line: 1-888-966-2350 | Email: info@alliance4you.org

Physical Address
5075 Highway 140 Suite C
Mariposa, CA 95338

Mailing Address
P.O. Box 2075
Mariposa, CA 95338

VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of Contact: Phone Cell Phone Email

Are you 18 years of age or older? Yes No

Are you fluent in any other language other than English? Yes No

If yes, what language(s): _____

Do you have reliable transportation? Yes No

Do you have a valid Driver's License? Yes No

Have you had a valid Driver's License for at least 5 years? Yes No

Current Car Insurance? Yes No

Driver's License Number: _____

Do you have any disabilities that need special accommodations? Yes No

If yes, please explain how we can provide these accommodations:

Employment Information:

Are you currently employed? Yes 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)? Yes 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) Yes 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? Yes 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: _____

References:

Name:	Relationship:	Contact Number:

Interests:

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Computer Help | <input type="checkbox"/> Crisis Hotline |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Donation Collection | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Hauling | <input type="checkbox"/> Shelter/Office Maintenance |
| <input type="checkbox"/> Legal Advocacy | <input type="checkbox"/> Organizing Events | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Phone/Reception | <input type="checkbox"/> Shelter Advocacy |
| <input type="checkbox"/> Website/Social Media | <input type="checkbox"/> Yard Maintenance | <input type="checkbox"/> 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.

