



**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:

Have you ever supported someone who was a survivor of domestic violence or sexual assault?  Yes  No  
If yes, please share your experience.

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What does confidentiality mean to you?

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

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**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:

- 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 be 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)

**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.**