**VOLUNTEER/INTERN ENROLLMENT FORM**

Family Advocates, Inc.

Attn: Volunteer Team

P.O. Box 705, Platteville, WI 53818.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M/F (First) (Middle) (Last)

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This information is needed for criminal background check on all applicants)*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Educational Background**

Current Student Y N

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year in School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Employment**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Special Skills**

Bilingual, Spanish: Y N Bilingual, Other: Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please indicate)

Other Skills, hobbies, and interests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Volunteer/Intern Interests**

**Direct:**

\_\_\_ Children \_\_\_ Shelter \_\_\_ Tutoring \_\_\_ Transportation

\_\_\_ Crisis Intervention \_\_\_ Sexual Assault \_\_\_ Secretarial \_\_\_ Youth Mentor

\_\_\_ Support Groups \_\_\_ Household \_\_\_ Elderly

**Indirect:**

\_\_\_ Fundraising \_\_\_ Donations \_\_\_ Financial Advocacy

\_\_\_ Creative Writing \_\_\_ Public Speaking \_\_\_ Shelter Organization/cleaning

Are there any areas you feel uncomfortable or unable to work in? \_\_\_\_

If so, please list them.

1. **Volunteer Requirements**
2. Must be 18 years of age or older and be emotionally mature.
3. Attend all required volunteer trainings including (DV, SA, and CA 101’s)
4. Mandatory LGBTQ trainings – watch 3 webinars
5. Become familiar with the issue of domestic violence, sexual assault, and child abuse.
6. Research the programs and have an understanding of the policy and procedures.
7. Be dependable.
8. Maintain a non-judgmental attitude.
9. Exhibit good verbal and listening skills.
10. Maintain confidentiality of clients and other participants.
11. Persons, who themselves have been a client (received services from Family Advocates, Inc.) within the last six months are not eligible to volunteer.

**Additional Information**

How did you become interested in Family Advocates?

Have you had a background check done within the last year? Y\_\_\_ N\_\_\_

If you have had a background check done, where did you get it done and why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you agree to have a background check done? Y\_\_\_\_ N\_\_\_\_

Have you ever been arrested or convicted of any crime?\_\_\_\_\_\_\_ If so, please provide information as to what crime, specific dates, the city and the state of arrest or conviction.

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

1. **Volunteer Availability**

Indicate below the hours that you are available to volunteer on each day.

Monday: Thursday:

Tuesday: Friday:

Wednesday: Saturday:

Sunday:

* **When would you like to start volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **References**

Please provide three letters of recommendation and return with enrollment form. You should send two professional references on business letterhead and one personal reference.

**Understanding and Authorization**

I certify that all answers on this application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information concerning my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers, and references listed above to give you any and all information concerning my education, employment, and fitness to work with children and adults. I further agree to release and hold harmless Family Advocates, institutions and references listed above any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this form to:**

Family Advocates, Inc.

Attention: Volunteer Team

P. O. Box 705

Platteville, WI 53818