

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 _____

I. Educational Background

Current Student Y N
School _____ Major _____
Advisor _____ Year in School _____

II. Employment

Employer _____ Occupation _____
Address _____ Phone _____

III. Special Skills

Bilingual, Spanish: Y N Bilingual, Other: Y N _____
(Please indicate)
Other Skills, hobbies, and interests _____

IV. Volunteer/Intern Interests

Direct:

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Shelter | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Youth Mentor |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Household | <input type="checkbox"/> Elderly | |

Indirect:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Donations | <input type="checkbox"/> Financial Advocacy |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Shelter Organization/cleaning |

Are there any areas you feel uncomfortable or unable to work in? _____
If so, please list them.

V. Volunteer Requirements

1. Must be 18 years of age or older and be emotionally mature.
2. Attend all required volunteer trainings including (DV, SA, and CA 101's)
3. Mandatory LGBTQ trainings – watch 3 webinars
4. Become familiar with the issue of domestic violence, sexual assault, and child abuse.
5. Research the programs and have an understanding of the policy and procedures.
6. Be dependable.
7. Maintain a non-judgmental attitude.
8. Exhibit good verbal and listening skills.
9. Maintain confidentiality of clients and other participants.
10. 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.

VI. 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?** _____

VII. 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