

Alliance Against Domestic Abuse Volunteer Advocate Application

All Information Given is Confidential

Name: _____ Birthdate: _____

Address: _____

Phone: _____
(home) (work)

May we call you at work? _____

When is the best time to reach you? _____
(home) (work)

Education: This is for statistical purposes and does not have any bearing on volunteer selection

High School: _____ Year Graduated _____

GED: _____ Year Obtained _____

College: _____ Year Graduated _____

Degree: _____ Major: _____

Other Education: _____

Employment:

Current Employer: _____

Address: _____

Please list any work or volunteer experience you have that is related to victim advocacy, domestic violence or sexual assault. (This has no bearing on volunteer selection; it only helps us in preparing training).

Agency _____ Phone _____

Duties _____

Agency _____ Phone _____

Duties _____

Please list any other education, training or life skills you have that you feel would benefit your role as a Volunteer Advocate:

Do you have any personal interest/skills that you feel would enhance AADA's services or programs?

What makes you interested in being a Volunteer Advocate?

Are you currently in an abusive relationship? ___Yes ___No

Has it been more than one year since the last incident of abuse or assault? _____

How do you feel this experience will enable you to work with victims of domestic abuse and assault?

**AADA recognizes that past victims of domestic violence and sexual assault can be excellent advocates. The Domestic Violence Movement was started by survivors of abuse. Due to the emotional nature of working with victims, AADA does ask that you be out of an abusive relationship for at least one year prior to becoming an advocate.*

How did you hear about AADA? _____

What do you envision your time commitment to AADA to be? (circle one)

- | | |
|----------------------------------------------|---------------------|
| Crisis Calls | Fundraising |
| Public Speaking/Community Education | Marketing |
| Technical Support (i.e. Computer consulting) | Office Assistance |
| Court Watch | Children's Programs |

Have you ever been charged with or convicted of child neglect, child abuse, or child sexual molestation? _____

Are you willing to have a background check and be fingerprinted if working directly with victims of Domestic Violence and Sexual Assault? _____

References

Please list three people (non-related) who would be willing to give you a personal reference.

1. _____
Name Relationship Phone
2. _____
Name Relationship Phone
3. _____
Name Relationship Phone

Permission for Background Check

I _____ give the Alliance Against Domestic Abuse permission to conduct a background check to be used for the purpose of safety for all clients, the agency and myself. I understand the information below will be kept secure and will not be used for any purpose other than to conduct a background check.

Volunteer Information:

Name: _____

Address: _____

Phone #: _____

SS# _____ Date of Birth: _____

Driver's License #: _____ State _____

Volunteer Applicant Signature

Date