



Alternatives to Violence of the Palouse

PO Box 8517
Moscow, ID 83843
Tel: (208) 882-2490

PO Box 37
Pullman, WA 99163
Tel (509) 332-0552
Fax: (509) 332-3314

Volunteer Application Form (updated FY2021)

PERSONAL DATA

Date: _____

Name: _____	
Mailing Address: _____	
Phone: (home/school): _____ (work): _____	
(cell phone): _____ Email: _____	
Emergency Contact Person: _____ Phone: _____	
Relationship: _____	
Are you a student? Y/N Where? _____ Major: _____	
List all States you have lived in for the past 5 Years: _____	
Do you want to discuss the possibility of taking ATVP training for credit? Y/N	
Class: _____ Instructor: _____ Phone: _____	
<p>APPLICATION CHECKLIST</p> <p>___ Application Form</p> <p>___ Volunteer Advocate Job Description</p> <p>___ 2 References (1 Professional and 1 Personal)</p>	<p>OTHER DOCUMENTS TO BE COMPLETED DURING THE INTERVIEW</p> <p>___ Confidentiality Agreement</p> <p>___ WA & ID Background Check Forms</p> <p>___ Copy of Driver's License or Copy of State ID</p> <p>___ Copy of Car Insurance (Optional)</p>

COMMITMENTS:

Are you able to commit to the terms and conditions in the volunteer advocate job description? _____

Can you commit to an initial 40 hours of training, 2-3 hotline shifts per month, 1.5 hours of volunteer team meeting per month, and at least one year of service? _____

Can you pick up the hotline bag at the beginning of your shift and drop it off at the end of your shift at ATVP offices in Moscow and Pullman? _____

Do you authorize ATVP to perform mandatory background checks for Idaho and Washington states, to be renewed every 2 years? _____

Do you authorize ATVP to perform mandatory Federal Fingerprinting services, to be renewed every 5 years? _____

Will you be available for hotline shifts during the summer? _____

Will you be available for hotline shifts during the holidays (winter break and spring break)? _____

I acknowledge that volunteering with ATVP will require dedicating at least 1 year of service to the organization and that this entails being located in a region where ATVP offices are accessible in order for me as a potential volunteer to perform their service.

EXPERIENCE AND SKILLS:

Whenever possible, please note number of years experience, and name and location of organization(s).

Please list any training or experience you have had with helping professions:

Have you had experience related to working with domestic violence or sexual assault?

Please list any past volunteer experience you have had:

Please list any special skills and interests, including other languages that you are fluent in:

ATVP FIT AND INTEREST:

How did you learn of ATVP?

Why are you interested in volunteering with ATVP? What do you hope to gain by volunteering with ATVP?
Any personal goals?

What personal qualities suit you to work for Alternatives to Violence as an advocate?

Issues of domestic violence and sexual assault often evoke strong, sometimes troubling responses that can complicate the advocate/client relationship. If, for any reason, you find your ability to work with a client is compromised, or if, after working with a client you feel uncomfortably stressed, how would you handle it?

Describe how you work with diverse populations.

What does confidentiality mean to you?

How do you deal with stress? How do you take care of yourself?

Why do you think some people resort to domestic violence and/or sexual assault? How do you feel about people who abuse?

Have you ever been convicted of a felony, any violent crime, or any crime involving children? If so, please explain.

All staff and volunteers are mandated reporters of child, vulnerable, and elderly adult abuse, as well as suicide and homicide. This means that if a client informs you of any of these you are required by law to report the information. Are you willing to abide by this procedure?

Are you willing to work without discriminating on the basis of physical or mental disability, race, ethnicity, color, religion, political beliefs, gender, gender identity (or expression), age, national origin, citizenship, ancestry, sexual orientation, marital or familial status, pregnancy, income, veteran status, socioeconomic status, or any other basis prohibited by federal, state, or local law, as well history of substance abuse or prior behavior that might be viewed as domestic violence or sexual abuse? _____

Culturally competent service is service delivery that enables the agency to recognize and respond appropriately to the diversity of the community based on factors including, but not limited to, race, ethnicity, sexual orientation, disability, income, geographic influence, religion, and age, and the effect of those factors on the community's need for and access to domestic violence, sexual assault/abuse, sexual harassment, and stalking services. Are you willing to work to seek cultural competency? _____

I certify that the information contained in this application is true and correct. Thus, any information that I stated to abide by or commit to, I will attempt to honor as best as I can.

Signed: _____ **Dated:** _____

Thank you for your time and consideration.

For further questions about volunteering with ATVP, please call (509) 332-0552, or email advocate4@atvp.org. After receipt of your completed application, the Volunteer and Intern Lead will be in touch with you to set up an interview.

Please e/mail your applications to:

Alternatives to Violence of the Palouse
Attn: Volunteer and Intern Lead
PO Box 37, Pullman, WA 99163
advocate4@atvp.org

Or, drop your application off at one of our public offices:

Moscow Office: 407 S. Washington St. Suite 101
Pullman Office: 115 NW State St. Room 305a

To BE FILLED OUT BY ATVP VOUNTEER LEAD

Interview Date:

Approved? Y/N