

Alternatives to Violence of the Palouse

Help for victims of domestic violence and sexual assault.

Volunteer Application Form (updated FY1718)

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: _____
Do you want to discuss the possibility of taking ATVP training for credit? Y/N
Class: _____ Instructor: _____ Phone: _____

ATVP requires all advocates to have access to a legal vehicle and proof of current driver's license and current car insurance.

*** PLEASE ATTACH A PHOTOCOPY OF EACH TO THIS APPLICATION.**

Driver's license expiration date: _____ Car insurance expiration date: _____

Make and model of vehicle: _____

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

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

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:

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?

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, disabled, 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, 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 (208)882-2490, or email vic@atvp.org. After receipt of your completed application, copies of current driver's licence and vehicle insurance, and signed Program Agreement, the Volunteer and Intern Lead, will be in touch with you to set up an interview.

APPLICATION CHECKLIST

- Application
- Volunteer Advocate Program Agreement
- Copy of Driver's License
- Copy of Car Insurance
- 2 References

Please e/mail your applications to: Alternatives to Violence of the Palouse

Attn: Sam Orozco
PO Box 8517, Moscow, ID 83844
vic@atvp.org

Or, you can 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 MANAGER Interview Date: _____ Approved? Y/N