



Individual Volunteer Application

This form is to be completed by individuals seeking to volunteer at A Safe Place, either indirectly or directly. Completed forms can be returned to the Volunteer Specialist.

NOTE: Completion of the Illinois Certified Domestic Violence 40-hour Training is required for any volunteer position that works directly with clients or client records at A Safe Place.

Name: _____
(First) (Middle) (Last)

Address: _____

Phone: _____
Home Work Cell

Email: _____ Date of Birth: _____

Emergency Contact: _____
Name Relation Phone Number

High School attending/attended: _____

Location: _____ Date Graduated: _____

College attending/attended: _____

Location: _____ Date Graduated: _____

Degree(s) Obtained: _____

Licensure (s) Obtained: _____

Have you ever applied to A Safe Place as a volunteer? _____
Date of last application

1. Have you completed Illinois Certified Domestic Violence 40 Hour Training? (not required for all volunteering opportunities)

☐ Yes

☐ No

2. If no, would you be interested in completing 40 hour training? (40 hour training is required for any direct service with clients, children, or clientele files)

☐ Yes

☐ No

3. How did you hear about A Safe Place?

4. Have you ever had any professional or personal experiences regarding domestic violence? Yes_____ No_____

a. If yes, did you receive services at ASP? _____

b. Please provide the end date of services. _____

5. Current occupation:_____

6. Employer: _____

7. Personal or professional skills: _____

8. ASP volunteering interests (check all that apply):

Direct services (requires 40 hour training)

- ☐ Oversee children or children's programs
☐ Group facilitation
☐ Legal advocacy
☐ Emergency shelter assistance
☐ Answering crisis hotline
☐ Counseling
☐ Mentoring
☐ Other

Indirect services (does not require 40 hour training)

- ☐ Financial/accounting
☐ Grant or other research
☐ Events
☐ Clerical/Reception
☐ Outreach design (flyers, brochures)
☐ Organizing donations
☐ Cleaning
☐ Other

9. General Interests (check all that apply, does not require 40 hr. training):

- | | |
|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Working outdoors | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Arts and culture | <input type="checkbox"/> Sports _____ |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Heavy lifting |

Volunteer preferences:

10. Is there a particular age group you are most interested in working with?

☐ Infants ☐ Toddlers 2-4 ☐ Young Children 5-8 ☐ Children 8-11

☐ Teens (12-17) ☐ Adults

11. Are there groups with which you would *not* be interested in working?

☐ No

☐ Yes _____

12. Program Interest (Check all that apply):

****Note that some jobs in this program will require 40 hour training**

☐ Emergency Shelter**

☐ Crisis Response**

☐ IPDAV**

☐ Children's Program**

☐ Family Visitation Center (closed on Tuesday)**

☐ Zion Campus (Clerical and Donations)

☐ Crisis Line **

☐ Group Facilitation**

☐ Legal Advocacy (Hours are 8am- 5pm)**

☐ Education and Prevention

☐ Life Skills**

☐ Donation pick up/drop off- transport

13. Do you have any physical or mental limitations they may limit your ability to perform certain types of work? If yes, explain:

Availability:

14. When are you interested in volunteering?

| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| Times | | | | | | | |
| Times | | | | | | | |

