

CITIZEN'S AGAINST PHYSICAL, SEXUAL, AND EMOTIONAL ABUSE, INC.

VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____ HOME PHONE _____

_____ WORK PHONE _____

Please state your understanding of what sexual assault and domestic violence are:

Why would you like to volunteer for CAPSEA.?

Would you be willing to commit yourself to volunteering on the hotline eight hours a month and committing to volunteering services for a minimum of a year? Yes ___ NO ___.

Can you keep confidential information learned through working with victims and their families? Yes ___ NO ___.

Would you be able to come to a volunteer meeting one evening per month and complete the required training to become a volunteer? Yes ___ NO ___.

Can you work comfortable with people of all races, ethnic backgrounds, and different value systems than your own? YES ___ NO ___.

Have you ever been a volunteer here before? YES ___ NO ___ Date _____.

Have you ever applied to be a volunteer here? YES ___ NO ___ Date _____.

Please give any background information about yourself such as work or other volunteer experience that you feel will help you to become a CAPSEA. Volunteer. Please use the back of this form to write your answer.

The following is a list of skills, which you may possess. In order to fill special volunteer requests, it is essential that we have a current list of volunteers and their skills. Please circle any of the following skills which you would like to share a volunteer with CAPSEA., Inc.

- | | | | | | |
|---------------|--------------|--------------------|-------------------|----------------|------------|
| Accounting | Cooking | Gardening | Public Relations | Resume Writing | Statistics |
| Arts & Crafts | Data Entry | Graphic Design | Public Speaking | Sales | Training |
| Budgeting | Design | Group Facilitating | Receptionist | Scheduling | Tutoring |
| Child Care | Editing | Maintenance | Record Keeping | Sewing | Typing |
| Cleaning | Filing | Organizing | Research | Shopping | Writing |
| Clerical | Fund Raising | Painting | Resource Tracking | Special Events | Other_____ |

Please list three individuals as references, please do not list family members:

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP TO APPLICANT _____

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP TO APPLICANT _____

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP TO APPLICANT _____

I AM AVAILABLE TO TAKE THE TRAINING SESSION:

Mornings_____ Evenings_____ Weekends_____ Other (explain)_____

Please return this application to C.A.P.S.E.A., Inc. P.O. Box 464, Ridgway, PA 15853