



Volunteer Application

Date: _____

Area(s) of Interest:

- | | |
|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Court Advocacy | <input type="checkbox"/> Hospital Advocacy |
| <input type="checkbox"/> Family Safety Center | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Tabling Events | <input type="checkbox"/> Special Events |

Volunteer Information

Name: _____ Date of Birth: _____ Email: _____

Cell: _____ Address: _____

Pronouns: She/Her He/Him They/Them Other: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Are you a current or former client of DVIS or another similar agency? Yes No

Are you able to make a one-year volunteer commitment? Yes No

Are you volunteering to fulfill a class requirement? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Would you like to be signed up for the DVIS and DVIS Volunteer Newsletters?

Yes No

COVID Policy

In order to protect our clients, employees and other vulnerable populations in our community DVIS requires all volunteers to be vaccinated. Please attach a copy of vaccine card. In certain cases, we make exceptions for medical, religious, or historical trauma. If one of those applies then medical documentation or detailed explanation of the religious or trauma exemption is required. Please contact the Volunteer Coordinator with any questions or concerns.

DVIS Policy

Applicants who have been victims of domestic violence should be free from the abusive relationship for at least two years. Victims of domestic violence and sexual assault should no longer be receiving counseling services to be considered as a volunteer at DVIS.

- "counseling" refers to specific counseling services for the domestic violence or sexual assault experience. If you have any questions about this policy or would like to have further discussion please talk to the volunteer coordinator. We are aware of the nuances of every person's different experience and are willing to evaluate an individual case if needed.

Employment Information

Employer: _____ Position: _____

Years employed: _____ May we contact you at work? Yes No Work Phone: _____

Education

School	Name/City/State	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Other				

Skills and Qualifications

Special Skills, training and certifications: _____

Interests and hobbies: _____

Foreign Language(s): _____

References (list three references that are not related to you)

Name	Email	Phone	Relationship	Years Known

Name	Email	Phone	Relationship	Years Known

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**Pre-Interview Questions:
Please answer thoughtfully and completely.**

(1) Tell us about yourself, primary interests, hobbies, etc.

(2) Why did you choose DVIS to become a volunteer?

(3) What personal strengths do you have that would be valuable to your work with our agency?

(4) Have you or someone close to you been a victim of domestic violence or sexual assault?

If no, skip to question (5). If yes, please explain:

(6) Do you anticipate any difficulties handling emotions that may come up working with survivors of domestic violence and sexual assault??

(7) Do you anticipate any difficulties in helping people whose lifestyles may differ from your own or persons of a different race, culture, sexual orientation or religion?

(8) Do you anticipate any difficulties in interactions you may have with law enforcement, attorneys, or the criminal justice system?

(9) Do you anticipate any difficulties in dealing with doctors, nurses, or a hospital setting?

(10) Due to the nature of our work and the responsibility we entrust our volunteer staff, all applicants must be 18 years or older and are required to complete this application, a background check, an interview with the Volunteer Coordinator, and domestic violence & sexual assault volunteer training.

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Signature: _____ Date: _____ -



Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me and disclose such to the requesting company. Further purpose of determining my eligibility for employment retention, promotion or suitability as a volunteer. If the requesting company is placing me with another entity, I consent to the report being provided to such other entity. If hired, contracted or accepted as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions. By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

Email: _____ Phone Number: _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From 19 _____ to 20 _____

State _____ City/County _____ From 19 _____ to 20 _____

State _____ City/County _____ From 19 _____ to 20 _____

State _____ City/County _____ From 19 _____ to 20 _____

Current Address _____

City _____ State _____ Zip _____

How long have you resided at this address? _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

California, Minnesota and Oklahoma Applicants Only: I request a free copy of any consumer report ordered on me.

Notice To All Applicants

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification

Consumer Signature _____

Company Name: Domestic Violence Intervention Services, Inc.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.