



VOLUNTEER APPLICATION _____ date

Area(s) of Interest:

- Administrative
- Special Events / Fundraising
- Donations / Supply Drive
- Tabling / Outreach
- Projects / Workdays

Client Facing*

- Hospital Advocacy (SANE)
- Court/PO Advocacy (Legal)
- Crisis Line
- Garden / Grounds

VOLUNTEER INFORMATION

Name: _____ DOB: _____ Pronouns: _____

Cell: _____ Email: _____

Emergency contact: _____ phone: _____

Are you a current or former client of DVIS or another similar agency? 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: _____

General availability: _____
(usual work hours, mornings, evenings, weekends)

EMPLOYER INFORMATION

Employer: _____ Position: _____

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

EDUCATION	Name / City / State	Course of study	Years completed	Diploma/Degree
High School				
Undergrad				
Graduate				
Other				

SKILLS AND QUALIFICATIONS

Special skills, training, certifications: _____

Interests and hobbies: _____

Foreign language(s): _____

CLIENT-FACING VOLUNTEERS

Applicants who have personal experience with domestic violence and/or sexual assault should be free from the abusive relationship for at least two years. **To be considered as a volunteer, Survivors of domestic violence and sexual assault should no longer be receiving services from DVIS.**

"Services" refers to counseling, case management, or other programs for overcoming domestic violence, sexual assault, sex trafficking, or stalking. If you have questions about our policy or would like to have further discussion please contact DVIS's Volunteer Coordinator. We are aware of the nuances of each individual experience and are willing to evaluate a case accordingly.

***Must complete online training to be client-facing.**

REFERENCES: Please list three references who are *not* related to you.

Name: _____	Email: _____	
Phone: _____	Relationship _____	Years known: _____
Name: _____	Email: _____	
Phone: _____	Relationship _____	Years known: _____
Name: _____	Email: _____	
Phone: _____	Relationship _____	Years known: _____

PRE-INTERVIEW QUESTIONS: Please answer thoughtfully and completely.

(1) Why are you interested in volunteering with our agency specifically?

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

(3) What types of service have you found fulfilling in the past? Are you more task/project oriented or people oriented?

(4) Have you or someone close to you been a victim of domestic violence or sexual assault? (If no, skip to question 5.)

(5) Do you anticipate any difficulties with handling emotions that may come up working with survivors of violence?

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

(7) Do you anticipate any difficulties interacting with doctors and nurses in a hospital setting, or with law enforcement and attorneys in the criminal justice system?

Due to the nature of our work and the responsibility we entrust to 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.

Signature: _____ Date: _____

Completed applications may be sent or delivered to DVIS’s Volunteer Coordinator at 3124 E. Apache St. in Tulsa, or to delmore@dvis.org



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.

Full name _____
(please print)

Signature _____ Date _____

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 _____ to _____
(Year) (Year)

State _____ City/County _____ From _____ to _____
(Year) (Year)

State _____ City/County _____ From _____ to _____
(Year) (Year)

State _____ City/County _____ From _____ to _____
(Year) (Year)

Current address: _____			
City: _____	State: _____	Zip: _____	How long? _____
SSN: _____	DOB: _____		
DL#: _____	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.**

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