



Volunteer Application Form

Date _____

Please answer each question. If a certain question does not apply to you, fill in N/A or none.
Do not leave any questions blank.

NAME: _____ PHONE: _____

ADDRESS: _____ WORK #: _____

_____ ZIP CODE: _____ EMPLOYER: _____

BIRTHDATE: _____ EMAIL: _____

VIP provides numerous services to victims of domestic and sexual violence.
Are you familiar with any of these? If so, please list.

In what way do you feel that you can contribute to VIP?

What type of volunteer work would you like to do?

Sexual and domestic violence awareness training is required. These sessions will be determined based on the convenience of the group. Monthly meetings are held for volunteers to keep abreast of current issues. Attendance at these meetings is important. 8 are required a year.

Do you have concerns or issues regarding such trainings?

Generally, when are you able to volunteer?

DAYS

EVENINGS

WEEKENDS

Comments: _____

Formal Education: (select highest level)

GED Highschool Diploma College: 1 2 3 4 Post Graduate

Field of Study: _____ Degree: _____

Skills or Special Training:

Interests and hobbies:

Memberships (service, social, etc.) _____

Volunteer Experience:

Dates: Position (brief description of work)

1. _____ TO _____ _____

2. _____ TO _____ _____

3. _____ TO _____ _____

Work Experience: (list most recent employment first)

1. _____ TO _____ _____

2. _____ TO _____ _____

3. _____ TO _____ _____

List Three References (non-family please):

1. Name: _____ Phone: _____

Address: _____ Zip Code: _____

Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Zip Code: _____

Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Zip Code: _____

Relationship: _____

Because VIP is an agency who interacts with the legal and justice systems, and because you as a volunteer may also be interacting with children, we will be running a child abuse check, PSP criminal history check and a federal background check.

By my signature I authorize VIP to contact the above in order to complete my application process.

Signature: _____

Date: _____

Please return the completed application to:

Victims' Intervention Program

PO BOX 986

Honesdale, PA 18431

ATTN: Randi Bannon

rb@vipempowers.org

