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| **WIN Victim Services****Volunteer Program Application** |
|  |  |  |  |  |  |
| **Contact Information** |
| Name: |       | Date of Birth: |       |  |
| Address: |       | City: |       | State/Zip: |       |
| Phone: |       | Email Address: |       |  |
| Preferred method of contact: | [ ]  Phone | [ ]  Email: |  |
|  |  |  |  |  |  |
| **Availability** |
| Select all the days that you would be available for an interview with the Volunteer Coordinator. Interviews generally last around 1 hour. |
|  |  |  |  |  |  |
| [ ]  | Monday | [ ]  | Wednesday | [ ]  | Friday |
| [ ]  | Tuesday | [ ]  | Thursday | [ ]  | Only available on weekends |
|  |  |  |  |  |  |
| Times: |       | (Examples: any time, after 2pm, 10am-2pm, etc.) |
|  |  |  |  |  |  |
| Do you prefer to meet: | [ ]  | In-person | [ ]  | via Zoom |
|  |  |  |  |  |  |
| **About You** |
|  |  |  |  |  |
| Highest level of education: | [ ]  High School/GED | [ ]  Some College | [ ]  Associates |  |
|  | [ ]  Bachelors | [ ]  Masters | [ ]  Doctorate |  |
| Are you currently employed? | [ ]  Full-Time | [ ]  Part-Time | [ ]  Student | [ ]  Not Employed/Retired |
|  |  |  |  |  |
| Employer name: |       |  |
| Job Title: |       |  |  |
| Job Duties: |       |
|  |  |  |  |  |
| Skills & Experience: | (Mark all that apply) |  |  |  |
| [ ]  | Counseling | [ ]  | Public Speaking |  |
| [ ]  | Advocacy | [ ]  | Training |  |
| [ ]  | Filing/Administrative Work | [ ]  | Childcare |  |
| [ ]  | Event Planning | [ ]  | Fundraising |  |
|  |  |  |  |  |
| Other skills, training, interests or hobbies: | (This could be anything that you enjoy.) |
|       |
|  |  |  |  |  |
| Do you speak other languages? | [ ]  No | [ ]  Yes: |       |  |
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| List any current or previous volunteer or internship experience: |  |
|       |
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| List any memberships, groups, organizations, or committees that you are a part of: |
|       |
|  |  |  |  |  |
| Why do you want to volunteer for WIN? |
|       |
|  |  |  |  |  |
| How did you hear about the Volunteer Program? |
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| **Other Information** |
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| Do you have a valid Driver’s License? | [ ]  Yes | [ ]  No |  |
| Do you have reliable transportation? | [ ]  Yes | [ ]  No |  |
| Do you have current auto insurance? | [ ]  Yes | [ ]  No |  |
| Have you ever worked for WIN? | [ ]  Yes | [ ]  No | If yes, dates of employment: |
|  |  |       |  |
|  |  |  |  |
| **Because of the sensitive nature of our work, we request the following information** |
| Have you ever been convicted of a felony? | [ ]  Yes | [ ]  No |  |  |
| If yes, please explain: |       |
|  |  |  |  |  |
| Have you ever been involved in an investigation of child abuse or neglect? | [ ]  Yes | [ ]  No |  |
| If yes, please explain: |       |
|  |  |  |  |  |
| Have you ever used WIN’s services? | [ ]  Yes | [ ]  No | If yes, when?: |       |
|  |  |  |  |  |
| If you or a family member has been a victim of domestic or sexual violence and you wish to disclose, please briefly explain: |
|       |
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| **Thank you for your interest in the WIN Victim Services Volunteer Program!**All volunteers must complete training before entering the volunteer program, however, the amount of training can vary depending on what activities volunteers wish to participate in. Prior to training, all applicants must supply copies of their PA Criminal Clearance, Child Abuse Clearance, and FBI Clearance. WIN reimburses cost of Child Abuse and FBI Clearances. |
|  |  |  |  |  |
| I certify that the information provided above is true and correct and I give my permission to WIN to verify any of the information I have given. |
|  |  |  |  |  |
| Signature: |       |  | Date: |       |
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|  |  |  |  |  |
| **Please email, fax, or drop off the completed application to:** |
| WIN Victim Services1280 Progress RoadChambersburg, PA 17201Fax: 717.264.3168Email: kristyt@winservices.org |