

VOLUNTEER APPLICATION

Victim Assistance Center/ACCESS-York, programs of the YWCA York

Name _____

Address _____

Phone _____ Cell _____

Email _____

Date of birth (optional) _____ Occupation _____

Employer _____

May we contact you at work? _____ If yes, what is the number? _____

Emergency contact _____ Phone number _____

Do you have transportation? YES _____ NO _____

Do you have any physical, emotional or legal problems that would limit your participation as a volunteer? If so, please explain.

Background

Please note if you have experience in the following areas:

_____ Worked with hearing impaired? _____ Know sign language? _____

_____ Worked with visually impaired? _____ Worked with mentally challenged individuals? _____

_____ Speak a foreign language? _____

_____ Have counseling skills and training? _____

Have you ever been convicted of a crime? Yes No

If yes, what? _____

Do you have any experience or training in the sexual assault/domestic violence or victimization fields? If yes, where? _____

How did you learn about the Victim Assistance Center and/or ACCESS-York?

Volunteer background (most recent to least)

Organization _____

Position _____

Duties _____

Dates of volunteer work _____

Organization _____
 Position _____
 Duties _____
 Dates of volunteer work _____

Why do you want to volunteer at Victim Assistance Center or ACCESS-York?

References (Please list two professional references).

Name _____
 Address _____
 Phone _____ Email _____
 How long have you known this person? _____
 How do you know this person? _____

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 Address _____
 Phone _____ Email _____
 How long have you known this person? _____
 How do you know this person? _____

PLEASE CHECK THE VOLUNTEER OPPORTUNITIES THAT INTEREST YOU. Selection of a specific opportunity does not guarantee that you will be used in that capacity. This section simply helps us to determine which opportunities interest you. You will be provided with additional information about the opportunities that you select.

Indirect Service (requires some on-the-job training)
 _____ Cleaning/Organizing/Inventory - ACCESS-York
 _____ Clerical/office duties - ACCESS-York
 _____ Domestic violence awareness planning
 _____ Maintenance

Activities that require some educational training
 _____ Speakers Bureau - ACCESS-York
 _____ Supervised Children's Advocate Assistant - ACCESS-York
 _____ Speakers Bureau - VAC

Direct Service
 _____ Hotline/Emergency Response Advocate (VAC)
 _____ Hotline/Shelter coverage- ACCESS-York (York)
 _____ Hotline/Shelter coverage- Still Waters (Hanover)

_____ Legal advocacy - ACCESS-York (York)
 _____ On-call Hospital Advocate - ACCESS-York

VOLUNTEER AGREEMENT

I hereby acknowledge that I have been given and understand information about volunteer responsibilities, volunteer guidelines, and the confidentiality contracts of VAC and/or ACCESS-York, programs of the YWCA York. I agree that I shall be responsible for maintaining the confidentiality of VAC and/or ACCESS-York therein.

I understand that completing the volunteer training does not guarantee that I will be considered for direct service.

I fully understand that failure to adhere to this agreement could result in termination of my services to VAC and/or ACCESS-York as a volunteer.

Volunteer Signature _____ Date _____

Volunteer Liaison Signature _____ Date _____



Please mail completed form to: YWCA York, Attn: Melissa Horn
 320 E. Market Street, York, PA 17403. Or fax to: 717-843-7511.