

Fax to: 509-736-0649
E-mail to: info@dvsbf.org

Please mail to:
Domestic Violence Services
3311 W. Clearwater Ave., Ste. C140
Kennewick, WA 99336

Domestic Violence Services
Of Benton and Franklin Counties

If you have questions please call:
Donna, Volunteer Coordinator
509.582.9841

Volunteer Application

Name: _____
First Middle Last Maiden

Address: _____ City: _____ ZIP: _____

Phone: (hm) _____ (wk) _____ (cell) _____

e-mail: _____ DOB: _____ DOB for background check _____

SS#: _____ *** Volunteers must pass a background check prior to working in the shelter.*

Current Employer: _____ Years: _____

Position: _____ Phone: _____

In case of emergency, Contact: _____ Phone: _____

Address: _____

Have you ever been convicted of violating any civil or criminal law, (other than traffic offences)?

Circle: YES / NO If yes, please explain: _____

Educational Experience: _____

Vocational Experience: _____

Volunteer Experience: _____

Experience, Skills or Education in Domestic Violence: _____

Do you speak Spanish? Circle: YES / NO

Do you speak any other language? Circle: YES / NO _____

If yes to either, would you be willing to interpret if needed? Circle: YES / NO

Do you volunteer now? Circle: YES / NO Where: _____

How did you hear about DVS and the volunteer opportunities?

Why do you want to become involved in our volunteer advocate program? _____

What has been your involvement and/or past experience with domestic violence, if any? _____

How long ago? _____ *** Because of the traumatic nature of domestic violence, DVS requires that all volunteers have been free of domestic violence for at least one year.*

Do you have a current WA State Drivers License? *Circle: YES / NO*

If yes, do you carry at least the minimum requirements for liability insurance in the state of Washington?

Circle: YES / NO

Character Reference: List three persons, not related to you (please have complete addresses) who have definite knowledge of your ability to carry out the volunteer position for which you are applying.

Name: _____

Address: _____

Phones Number(s): _____

How long have you known him/her? _____

*** for staff use only: Date checked _____ Staff initials _____*

Name: _____

Address: _____

Phones Number(s): _____

How long have you known him/her? _____

*** for staff use only: Date checked _____ Staff initials _____*

Name: _____

Address: _____

Phones Number(s): _____

How long have you known him/her? _____

*** for staff use only: Date checked _____ Staff initials _____*

I _____, authorize contact of reference and a criminal background check to be completed prior to my placement in a volunteer position. I understand that in order to become a volunteer at DVS I must be over 18. In addition, I must complete a background check, sign a confidentiality contract, and complete 40 hours of training (including 20 hours classroom, and 20 hours shadowing). I hereby volunteer my service and understand that I am not a paid employee of DVS.

Signature of volunteer advocate applicant