

Why would you like 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, DVSBF 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 DVSBF 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 DVSBF.

Signature of volunteer advocate applicant