

Email to: info@dvsbf.org or

Mail to: Domestic Violence Services

3311 W Clearwater Ave, Ste C140

Kennewick, WA 99336

Volunteer Application

If you have questions please call:

Diana Izaguirre Volunteer Coordinator 509.735.1295 option #2, ext. 208

Name:First		Last	Maiden
Address:		City:	Zip:
Phone: (home)	(work)	(r	nobile)
Email:		DOB:	(for background check)
SS#:	** Volun	nteers must pass a backo	ground 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 violati	ng any civil or criminal la	aw, (other than traffi	c offenses)?
Circle: YES / NO If yes, pleas	e explain:		
Educational Experience:			
Vocational Experience:			
Volunteer Experience:			
Experience, Skills or Education in Dom	estic Violence:		
Do you speak Spanish? Circle: YES /	NO		
Do you speak any other language? Cir	rcle: YES / NO		
If yes to either, wo	ould you be willing to into	erpret if needed? C	ircle: YES / NO
Do you volunteer now? Circle: YES / I	NO Where:		
How did you hear about DVSBF and the			

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 an
volunteers have been free of domestic violence for <u>at least</u> 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.