



DOVE, Inc.
Domestic Violence Escape

DOVE, Inc.
Volunteer Application

About The Applicant

Name: _____

Address: _____
(City) (State) (Zip)

Employer: _____

Occupation: _____

Home Phone: _____ Cell Phone: _____

What skills, areas of expertise or aspects of your educational background would you bring to DOVE, Inc. as a volunteer?

Have you ever been a volunteer before? Yes No

If Yes, for what organization, and what activities were included?

Volunteer Coordination

Do you have any prior experience working with people in crisis/stressful situation?

Yes No

If Yes, Please Explain:

Have you ever been a victim of domestic violence or sexual assault, (**OPTIONAL**)

If Yes, please explain (optional). Yes No

What volunteer areas interest you most? (Check all that apply)

Crisis Line Transportation Child Care Moving

Clerical Fundraising Advocacy Support Group

Other: _____

When are you available? (Please indicate which days of the week and time of day)

<input type="checkbox"/> Sundays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
<input type="checkbox"/> Mondays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
<input type="checkbox"/> Thursdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
<input type="checkbox"/> Fridays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
<input type="checkbox"/> Saturdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Night

Domestic Violence Escape (DOVE), Inc., P.O. Box 366, Ironwood, MI 49938

Ph: 906-932-4990 Fax: 906-932-2040

24 Hour Crisis Line 906-932-0310 or 1-800-711-6744

Reference #1

Name: _____

Address: _____
(City) (State) (Zip)

Telephone: _____
(Home) (Cell)

Have you ever been convicted of a felony or misdemeanor? Yes No
(Answering yes will **not** be an automatic disqualification to you.)

If yes, please explain:

In case of an emergency, contact:

Name: _____ Relationship: _____

Telephone: _____
(Work) (Home)

I understand that my acceptance as a volunteer with DOVE, Inc. is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from DOVE, Inc. volunteer services.

Volunteer Signature

Date



DOVE, Inc.
Domestic Violence Escape

Criminal Record Check Policy

A criminal history file check by DOVE, Inc. shall be completed on all prospective employees/volunteers to determine the existence of any arrest resulting in conviction. This is done as a precaution in determining that individuals who wish to serve as employees/volunteers at a Domestic Violence Shelter are of upstanding character and would be considered credible by the community.

Individuals who have a conviction record are not automatically disqualified from being hired/volunteer. However, the nature of the offense and the time lapse from when it occurred will be reviewed by the Executive Director and DOVE, Inc. Board. They will decide if the person should be employed/volunteer. Consideration will be given to whether or not the conviction offense overshadows the positive image of an employee.

I, the undersigned, authorize the Department of State Police, Central Records Division to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to DOVE, Inc.

Please Print

Name/Maiden Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ Drivers License: _____

Signature

Date:



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Domestic Violence Escape

Automobile Insurance Liability

(If Volunteer position requires client transportation in company vehicle)

Do you have a valid driver's license? Yes No

If yes, please list driver's license number and state: _____

Do you have valid automobile liability insurance? Yes No

If yes, please list policy number: _____

If yes, please list insurance company: _____

Signature:

Date:

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