

Community Violence Solutions

Volunteer Screening

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
How did you hear about CVS?	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Approximately how many months are you available for volunteer assignments?

- | | |
|---|--|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months |
| <input type="checkbox"/> 9 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> One time event | <input type="checkbox"/> Other (describe): |

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Child Supervision | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Events | <input type="checkbox"/> SAAM special Events | <input type="checkbox"/> Executive Leadership |
| <input type="checkbox"/> Crisis Line | <input type="checkbox"/> Facilities | <input type="checkbox"/> Website |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Visitation | <input type="checkbox"/> Newsletter production |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Community Violence Solutions to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.