

Hands that come together can heal the touch of abuse



Advocacy & Support Center

Volunteer Application

(Please print legibly or type all information)

Date: _____

Full Name: _____ Date of Birth _____

Address: _____ City: _____ State _____ Zip _____

Email: _____

How long have you lived at current residence? _____ Years _____ Months

Telephone: Home: _____ Work _____ Cell _____

Education: High School 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4
(Please circle the most recent completion)

Field of Study/Degree: _____ School: _____

Place of Employment: _____ Can we call you there? Yes No

Full Address: _____

Your position or title _____ Languages (other than English) _____

Notify in Case of Emergency: _____ Relationship _____

Address: _____ Phone: _____

Volunteer Experience: 1. _____
Agency Location How Long

2. _____
Agency Location How Long

Do you have any special skills or services? Please List?

Please indicate:

- I have not applied to ASC before I am a past ASC Volunteer. When? _____
 I have applied before. Please explain _____

What areas are you interested in? (Please circle areas in which you are willing to volunteer)

General Office Work (special mailings, phones, filings) Fundraising/Special Events

Fundraising Hotline/Hospital Advocacy Education/Health Fair Volunteer

How did you hear about the Rape Crisis Center (please check all that apply)

ASC Staff/Board Member ASC Volunteer Friend Radio

Website Newspaper Health Fair Other _____

Have you ever been arrested, charged or convicted of a misdemeanor or felony offense? Yes No

If yes, please explain: _____

(As part of the interview process to become an volunteer, ASC will complete a criminal background check on all applicants)

I am available for training during the day during evening only weekends only anytime

References

1. Name: _____ Phone _____

Address: _____

2. Name: _____ Phone _____

Address: _____

Military:

Have you served in military service branch? Yes No From _____ To _____

Why would you like to Volunteer with the Advocacy & Support Center?

By signing below, I hereby attest that the above information is true to the best of my knowledge.

Signature

Date

The above information will be kept strictly confidential

Please return this application to:

Advocacy & Support Center
Attn: Heather Whelan, Volunteer Coordinator
890 Rineyville Road
Elizabethtown KY 42701

