



# Domestic Abuse Women's Network Volunteer Application

rising for domestic peace

Thank you for your interest in volunteering with Dawn! We look forward to receiving your application. If you are applying for an internship, please enclose a resume and cover letter indicating what you bring to DAWN and why you want to work with us. Thank you!

## Personal Information

|  |                          |  |                          |   |                          |                            |                          |
|--|--------------------------|--|--------------------------|---|--------------------------|----------------------------|--------------------------|
| <b>Date</b>  | <b>First Name</b>        | <b>Last Name</b>   |                          | <b>Email Address</b>  |                          |                            |                          |
|  |                          |  |                          |   |                          |                            |                          |
| <b>Address</b>   |                          |  | <b>City</b>              | <b>State</b>  |                          | <b>Zip</b>                 |                          |
|  |                          |  |                          |   |                          |                            |                          |
| <b>Home Phone</b>  |                          | <b>Best Time to Call</b>   |                          | <b>Work Phone</b>   |                          | <b>OK to call at work?</b> |                          |
|  |                          |  |                          |   |                          |                            |                          |
| <b>Current Employer</b>  |                          |  |                          | <b>Are you a veteran?</b>   |                          |                            |                          |
|  |                          |  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                            |                          |
| <b>What specific areas of volunteer service interest you?</b>  |                          |  |                          |   |                          |                            |                          |
| <input type="checkbox"/> Board Committee<br><input type="checkbox"/> Children/Youth Programs<br><input type="checkbox"/> Crisis Line Advocate<br><input type="checkbox"/> Legal Advocacy<br><input type="checkbox"/> Office Support      |                          | <input type="checkbox"/> Publicity<br><input type="checkbox"/> Public Speaking<br><input type="checkbox"/> Support Group Facilitation<br><input type="checkbox"/> Shelter Program<br><input type="checkbox"/> Special Events |                          | <input type="checkbox"/> Other:   |                          |                            |                          |
| <b>What skills do you bring to DAWN?</b>   |                          |  |                          |   |                          |                            |                          |
| <input type="checkbox"/> Fundraising<br><input type="checkbox"/> Graphic Design<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Legal Advocacy/Law Pertaining to DV<br><input type="checkbox"/> Event Planning       |                          |  |                          | <input type="checkbox"/> Translation<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Community Education/Outreach<br><input type="checkbox"/> Computer Technology<br><input type="checkbox"/> Building Maintenance |                          |                            |                          |
| <input type="checkbox"/> Other talents or skills? These could range from yoga instruction and painting to building maintenance and database creation. We encourage you to think creatively about how you can contribute.                 |                          |  |                          |   |                          |                            |                          |
| <b>What is your availability?</b>  |                          |  |                          |   |                          |                            |                          |
| Are you able to commit to volunteering an average of 3 hours/week for 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Maybe (please explain): _____                                       |                          |  |                          |   |                          |                            |                          |
| <b>Hours Available</b> (check all times that you are available):   |                          |  |                          |   |                          |                            |                          |
| <b>Time</b>  | <b>Monday</b>            | <b>Tuesday</b>   | <b>Wednesday</b>         | <b>Thursday</b>   | <b>Friday</b>            | <b>Saturday</b>            | <b>Sunday</b>            |
| Morning  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Afternoon  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Evening  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| <b>How did you hear about DAWN?</b>  |                          |  |                          |   |                          |                            |                          |
| <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Family <input type="checkbox"/> Staff <input type="checkbox"/> News Article <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other: |                          |  |                          |   |                          |                            |                          |
| <input type="checkbox"/> Former/Current Client of DAWN (If yes, indicate last date of service: _____ )   |                          |  |                          |   |                          |                            |                          |



## Request for Criminal History Information

Child/Adult Abuse Information Act

RCW 43.43.830 - 43.43.845

**Applicant of Inquiry** (Please provide as much information as possible. \*Starred items are mandatory.)

| *Last Name  | *First Name                 | *Middle Name (or initial)     | Alias/Maiden Name(s) |
|---|-----------------------------|-------------------------------|----------------------|
|   |                             |                               |                      |
| *Legal Gender   | *Date of Birth (mm/dd/yyyy) | Driver's License Number/State |                      |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | /   /                       | /                             |                      |

**\*Please check the following:**

Yes   No

I have been convicted of a crime.

I have had findings made against me in a civil adjudicative proceeding.

**\*Authorization:**

Please check the following:

I authorize the Washington State Patrol to conduct a background investigation. I understand that all information gained through the investigation will be treated as confidential by DAWN.

I acknowledge that an inquiry into my criminal background history will be made as part of a job or volunteer application screening with DAWN.

To the best of my knowledge, the information included in this application is true and correct.

\_\_\_\_\_   
 \*Applicant's Signature (electronic permission OK)

\_\_\_\_\_   
 Printed Name

Date \_\_\_\_\_