

MCLEOD ALLIANCE FOR VICTIMS OF DOMESTIC VIOLENCE, INC.

101 Main St. S. Suite 201, P.O. Box 393

Hutchinson, MN 55350

VOLUNTEER APPLICATION

DATE:

NAME:

ADDRESS:

TELEPHONE NUMBER: _____ E-MAIL: _____

1. What kind of volunteer services/work are you interested in?

____ Clerical ____ Direct Advocacy ____ Public Speaking ____ Organizing Supplies

____ Special Events ____ Transportation ____ Child Care ____ On-call ____ Undecided

2. What strengths, skills, or personal characteristics do you believe you have that will help you to do volunteer work with McLeod Alliance?

3. Describe your personal social support system.

4. Training will be provided for the specific areas in which you will volunteer. Are you willing to invest time for the training needed? (direct advocacy takes at least 4 hours of initial training) ____ Yes ____ No

5. Training is an investment of time from existing staff. Therefore a commitment of volunteer time must be made. Are you willing to invest at least six hours of volunteer services during the first six months following training? ____ Yes ____ No

6. Do you have a valid Minnesota Drivers License? ____ Yes ____ No
Drivers License Number:

7. A criminal history background check will be completed for each new volunteer. Are you willing to provide the needed information for the background check? ____ Yes
No

Please list employment/volunteer information and contact persons that we may call for references.

Employment/Volunteer Dates	Employer and Address	Type of work
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Please list two personal references:

Name Number	Address	Telephone
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I give permission to contact the persons listed above for references.

SIGNATURE:

DATE:

By applying for a volunteer position at MAVDV, Inc., I acknowledge that I agree to act in accordance with MAVDV, Inc., ethical guidelines, rules and regulations.

SIGNATURE:

DATE: