



# Cherokee Family Violence Center

Help, Hope, Heal

|  |     |                                 |      |  |       |   |     |
|--|-----|---------------------------------|------|--|-------|---|-----|
| <b>VOLUNTEER APPLICATION</b>   |     |                                 |      |  |       | Date of Application:  |     |
| Name of Volunteer (First, Middle Initial, Last):   |     |                                 |      |  |       | Nickname/Goes by:   |     |
| Date of Birth:   |     | Gender:                         |      | Race: <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Multiracial<br><input type="radio"/> Native American <input type="radio"/> Pacific Islander<br><input type="radio"/> White <input type="radio"/> Other |       | Hispanic:<br><input type="radio"/> Yes<br><input type="radio"/> No  |     |
| Home Phone:  |     | Cell Phone:                     |      | Work Phone:  |       | Preferred Phone Number: <input type="radio"/> Home<br><input type="radio"/> Cell <input type="radio"/> Work |     |
| Email:   |     |                                 |      | Address:   |       |   |     |
| Emergency Contact:   |     |                                 |      | Emergency Contact Phone Number(s):   |       |   |     |
| Are Your Service Hours Required?<br><input type="radio"/> Yes<br><input type="radio"/> No                                |     | Service Hours Required By:      |      | Number of Hours Required:  |       | Date Required Hours Must be Completed:  |     |
| What is Your Availability for Volunteer Opportunities?<br>Check All That Apply: <input type="radio"/> It Varies          |     |                                 |      |  |       | How Many Hours Do You Plan to Volunteer?  |     |
|  | SUN | MON                             | TUES | WED  | THURS | FRI   | SAT |
| MORNING  |     |                                 |      |  |       |   |     |
| AFTERNOON  |     |                                 |      |  |       |   |     |
| EVENING  |     |                                 |      |  |       |   |     |
|  |     |                                 |      |  |       | _____ Hours Per<br><input type="radio"/> Week<br><input type="radio"/> Month                                |     |
| Do You Have Any Special Skills? (Bilingual, American Sign Language, Medical Skills, etc.)                                |     |                                 |      |  |       |   |     |
| Have You Ever Been Convicted of a Felony?<br><input type="radio"/> Yes <input type="radio"/> No                          |     |                                 |      | If Yes, What Were the Charges?   |       |   |     |
| Have You Ever Been Charged with a Domestic Violence-Related Crime?<br><input type="radio"/> Yes <input type="radio"/> No |     |                                 |      |  |       |   |     |
| If Yes, What Were the Charges?   |     | If Yes, Where Were the Charges? |      | If Yes, When Were the Charges?   |       | If Yes, Were You Found Guilty of the Charges?<br><input type="radio"/> Yes <input type="radio"/> No         |     |
| How Did You Hear About CFVC?   |     |                                 |      |  |       |   |     |
| Disclaimer: By signing, I hereby certify that the above information is correct, to the best of my knowledge.             |     |                                 |      | Signature of Volunteer:  |       |   |     |