



Application for Volunteer Service

We appreciate your interest in our organization. Please answer all questions as thoroughly as possible and write clearly.

We are an equal opportunity agency and will accept volunteers in designated positions without regard to race, religion, national origin, age, disability, sexual orientation, gender or gender identity.

Signing this Application Constitutes written authorization for the following:

- Security background check: Final applicants may be required to participate in a security background check performed by an outside agency.
- Motor Vehicle Abstract report: If the volunteer position requires driving as a part of its responsibilities, applicants must provide their driver's license # so that a motor vehicle driving abstract record may be obtained.

NAME: _____

ADDRESS: _____

PHONE #'s (home, cell, work): _____

E-MAIL ADDRESS: _____

REFERRED BY/HEARD ABOUT US FROM: _____

TIMES AVAILABLE: _____

PLACE OF EMPLOYMENT/WORK EXPERIENCE: _____

REFERENCES: List 3 names of persons not related to you who can provide information on your abilities relevant to this position. Please list name, phone # and years known:

1. _____

2. _____

3. _____

PLEASE CHECK WHICH VOLUNTEER POSITION(S) INTEREST YOU (PLEASE NOTE WHEN THE SHIFTS TAKE PLACE TO MAKE SURE THIS IS WHEN YOU ARE AVAILABLE):

- Sexual Assault Volunteer Advocate** (shifts are evening, overnights and weekends)
- Support/Crisis Line Volunteer** (shifts are during the day: 8:30-1 and 12:30-5)
- Onondaga Family Court Volunteer** (shifts are during the day: 8:30-1 and 12:30-5)
- Non-Direct Volunteer** (office support, special projects, etc.) (variable daytime/evening shifts)
- Speakers Bureau** (variable daytime/evening shifts)

LIST ANY MOTIVATING FACTORS, STRENGTHS, SKILLS, INTERESTS, HOBBIES THAT YOU FEEL ARE RELEVANT OR BENEFICIAL TO THE POSITION(S) YOU ARE INTERESTED IN:

WHAT, IF ANY, LIFE EXPERIENCES DO YOU FEEL STRENGTHENED YOU FOR THIS ROLE?

WHAT DO YOU THINK IS (ARE) THE MOST IMPORTANT NEED(S) OF A PERSON SEEKING VERA HOUSE SERVICES?

WHAT DO YOU KNOW ABOUT THE CRIMES OF RAPE, SEXUAL ASSAULT, DOMESTIC VIOLENCE AND ELDER ABUSE?

WOULD YOU BE COMFORTABLE GOING TO THE HOSPITAL EMERGENCY ROOM AND/OR THE POLICE STATION WITH A VICTIM (**this applies to sexual assault volunteers only**)?

WHAT CONCERNS DO YOU HAVE ABOUT DOING THIS TYPE OF VOLUNTEER WORK?

IF YOU HAVE HAD PERSONAL EXPERIENCE WITH DOMESTIC VIOLENCE, SEXUAL ASSAULT OR ELDER ABUSE, PLEASE TELL US HOW YOU FEEL THAT WILL AFFECT YOUR WORK AS A VOLUNTEER:

DO YOU HAVE A VALID DRIVER'S LICENSE AND RELIABLE TRANSPORTATION?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN:

ALL APPLICANTS ARE HELD IN STRICT CONFIDENCE

This application is the first step in exploring volunteer opportunities at Vera House. Candidates are also required to participate in an interview and/or orientation session. The opportunities offered are not always a good match for every candidate. If it is determined that a volunteer experience would not be mutually beneficial for the applicant and the agency, the applicant will be notified immediately.

Applicants who are initially accepted into the program will continue on by participating in a training that focuses on their area of interest. **At any time during or after completion of training, the volunteer trainee or volunteer coordinator may determine that a volunteer position is not a good match at this time.**

SIGNATURE OF APPLICANT: _____

DATE: _____

Please click "Submit" above to send completed application to our Volunteer Coordinator, or mail to:

Vera House, Inc.
ATTN: Volunteer Coordinator
6181 Thompson Road, Suite 100
Syracuse, NY 13206

For more information, call our Volunteer Coordinator at 315-425-0818.