



# Volunteer Application

**Please complete ALL of this application and return to:**  
WEAVE, 1900 K Street, Sacramento, CA 95811

Name: \_\_\_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_

## Program Choices

Please rate in order up to three programs you are interested in volunteering with.  
1=Very Interested, 2=Interested, 3=Somewhat Interested

### \* Direct Service (70 Hour Training)

- \_\_\_\_\_ Support Line Counselor
- \_\_\_\_\_ Children's Activities (Safehouse)
- \_\_\_\_\_ Field Study Internship
- \_\_\_\_\_ Speaker's Bureau
- \_\_\_\_\_ Legal
- \_\_\_\_\_ SART \*\*
- \_\_\_\_\_ Interpreter \*\*

### Non-Direct Service

- \_\_\_\_\_ General Clerical
- \_\_\_\_\_ Special Events
- \_\_\_\_\_ Fair representatives
- \_\_\_\_\_ Interpreter
- \_\_\_\_\_ Misc. Projects
- Retail Stores:*
- \_\_\_\_\_ WEAVE Thrift Arden

\* Registration fees may apply

\*\* Will be required to complete employment application after PCT completion

Other skills: (artist, photographer, computer programmer, etc.): \_\_\_\_\_

Peer Counseling Certification Training (70 hours) Yes \_\_\_\_\_ No \_\_\_\_\_

## Preferred Schedule

(check all that apply)

\_\_\_\_\_ Days \_\_\_\_\_ Nights \_\_\_\_\_ Weekends

Number of Hours per week (approx.) \_\_\_\_\_

Please help us determine if we are meeting the diverse needs of our community by filling out the following optional information:

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: Male / Female

Languages spoken fluently (other than English): \_\_\_\_\_

Ethnicity:

- |                    |   |                        |
|--------------------|---|------------------------|
| African American   | American Indian/Alaskan Native          | Asian                  |
| Caucasian          | Hispanic/Latina(o)                      | Native Hawaiian/       |
| Multi-Ethnic       | Other Ethnicity (please specify): _____ | Other Pacific Islander |
| Decline to Specify |   |                        |

## Direct Service Applicants Only:

- 1) What is/was your field of study and highest level of completed education? \_\_\_\_\_  
\_\_\_\_\_
- 2) What kind of skills or training do you have in working with people in crisis situations? \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Name of current employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact employer? Yes  No  Description of duties \_\_\_\_\_

Does your employer have a community partnership? Yes  No

## All Applicants:

- 1) How did you hear about WEAVE? \_\_\_\_\_
- 2) Why do you want to volunteer with WEAVE? \_\_\_\_\_  
\_\_\_\_\_
- 3) Do you have any special talents or hobbies, such as photography or desktop publishing, you would like to share as the need arises? \_\_\_\_\_
- 4) Are you, or someone close to you, a survivor of domestic violence or sexual assault? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 5) Have you ever received counseling services at WEAVE and if so, what year and who was your counselor? \_\_\_\_\_
- May we have permission to contact your counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6) Have you previously been employed at or volunteered with WEAVE? \_\_\_\_\_ Yes \_\_\_\_\_ No

## REFERENCES

Please list two people you have known for a minimum of one year. DO NOT include relatives.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

**DRIVING INFORMATION**

If you are volunteering for a position that requires driving, WEAVE Inc. requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?  
Yes \_\_\_\_\_ No \_\_\_\_\_

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to WEAVE Inc. so that they can be filed with this application.

I will immediately notify my volunteer supervisor if my driver's license and/ or vehicle insurance is restricted, suspended, revoked, or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain below.  
(Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

\_\_\_\_\_  
\_\_\_\_\_

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to [nonprofit] to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

WEAVE, Inc. acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

**Thank you for your interest in volunteering with WEAVE!**

**PARENTAL CONSENT** (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to WEAVE, Inc. I also give WEAVE, Inc. my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_