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| PERSONAL INFORMATION |
| Name: |  |
| Address: |  | City/State/Zip: |  |
| Phone: (c) |  | (w) |  |
| Email: |  | Date of Birth: |  |
| How did you hear about our program? |  |
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| EDUCATION/EMPLOYMENT |
| High School Graduate? | ( )Yes ( )No | Where? |  |
| College Graduate? | ( )Yes ( )No | Where? |  |
| Major: |  | Date Graduated: |  |
| \*If currently attending college, give major and expected date of graduation.\* |

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| Place of Employment: |  |
| Address: |  | City/State/Zip: |  |
| Job Title: |  |
| Is it okay to call at work? | ( )Yes ( )No |
| \*Give any past employment relevant to volunteering for SRSAC.\* |

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| VOLUNTEER EXPERIENCE |
| Present volunteer activities, where and in what capacity? |  |
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| Past volunteer activities? |  |
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| What made you choose to volunteer for this program? |  |
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| What special attributes do you bring to this program? |  |
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| Do you have any specific skills (i.e. fundraising, marketing, computers, foreign languages, sign languages, etc.)? |
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| Describe your own experience (if any) with sexual violence, harassment, or domestic violence. |
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| Can you commit to this position for at least 6 months? |  |
| What do you hope to gain from this experience? |  |
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| Is there anything else you would like us to know about you? |  |
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| REFERENCES |
| Name: |  | Relationship: |  |
| Address: |  |
| Email: |  |
| Phone: |  |
| Name: |  | Relationship: |  |
| Address: |  |
| Email: |  |
| Phone: |  |
| Name: |  | Relationship |  |
| Address: |  |
| Email: |  |
| Phone: |  |