|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | | | | | | | | |
| Name: |  | | | | | | | |
| Address: | |  | | | City/State/Zip: | |  | |
| Phone: (c) | | |  | | (w) |  | | |
| Email: |  | | | | Date of Birth: | | |  |
| How did you hear about our program? | | | |  | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.\* | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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? | | | | |  | |
|  | | | | | | |
|  | | | | | | |
| Past volunteer activities? |  | | | | | |
|  | | | | | | |
|  | | | | | | |
| What made you choose to volunteer for this program? | | |  | | | |
|  | | | | | | |
|  | | | | | | |
| What special attributes do you bring to this program? | | |  | | | |
|  | | | | | | |
|  | | | | | | |
| Do you have any specific skills (i.e. fundraising, marketing, computers, foreign languages, sign languages, etc.)? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Describe your own experience (if any) with sexual violence, harassment, or domestic violence. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Can you commit to this position for at least 6 months? | | | |  | | |
| What do you hope to gain from this experience? | |  | | | | |
|  | | | | | | |
| 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: | |  | | | |