

Volunteer Application

The sensitive nature of our work necessitates that we ask questions of a personal nature. We also need this information in order to make appropriate job assignments so that you will enjoy your work with us and we can accommodate any special needs or concerns that you may have. All information on this application is confidential.

CONTACT INFORMATION						
NAME:	ME: DATE:					
ADDRESS:						
	STREET	CITY	STATE	ZIP		
EMAIL ADDRESS:			DOB:			
PHONE: Cell:						
Home:			OVER 18 YEARS OF AGE: Yes No			
EDUCATION/EXPERIENCE						
HIGHEST LEVEL OF EDUCATION	ON COMPLETED: _					
OCCUPATION:						
LANGUAGE OTHER THAN ENGLISH: WRITTEN			_ SPOKEN			
Any previous volunteer/wor	k experience with c	domestic viole	nce or sexual a	ssault? 🗆 Ye	es □ No	
If yes, where did you volunte	eer/work and what	did you do? _				
Have you been a client of RA	.VE or any other do	mestic or sexu	ıal abuse progr	am within th	ne past year?	
INTERESTS/AVAILABILITY						
When are you available to ve	olunteer?	□ Weekd	lays □ Week	nights 🗆 V	Veekends	
What is you volunteer comm	nitment level?	□ Once	□ Weekly □	Monthly	☐ Other	
When is a convenient time for	or training sessions	? □ Weekd	lays □ Week	nights 🗆 V	Veekends	
Long-term, direct care volun	• •	•	hours of train	•	•	

How did you learn about RAVE?							
What kind of interests and skills do you l	have? (Please check all that apply)						
☐ Health/Wellness/Fitness	☐ Cooking/Baking						
☐ Cosmetology	☐ Research and Analysis						
☐ Legal/Financial Issues	☐ Fundraising						
☐ Entertainment (i.e., singing)	☐ Creativity/Crafting						
☐ Public Relations (i.e., public spea	king/awareness, leading discussions/groups)						
☐ Other/Please Specify							
What types of volunteering are you inte	rested in doing for RAVE? (Please check all that apply)						
Crisis Line/Shelter AssistanceFundraising/DonationsChild Care Shelter Group Activities – Adult/Child (craft, writing workshop, cooking, exercise/yoga							
						Spreading Awareness (tabling	g, passing out flyers etc)
						Transportation	
						Emergency Response Advoca	te
Maintenance/Up Keep (Indoo	or/Outdoor)						
Safe House Cleaning/Organizing/Décor							
Educating/Skill Building (ex: t	axes, gardening, job search, cooking, nutrition,						
Is there an opportunity you're interested We are always looking for new ideas and	d in but did not see on this survey? If so, please list these below.						
In order to ensure volunteers' safety and affect your work:	health, we need to know if there are any concerns that may						
By law, we must ask, have you ever beer	n convicted, pled no contest or guilty to a crime? Yes No						
Do you have reliable transportation? $\hfill\Box$	Yes □ No						
Do you have a valid driver's license or sta (You will need to supply RAVE with a copy.)	ate ID card? Yes No						
Do you have the minimum amount of auto insurance required by law? Yes No You will need to supply RAVE with a copy of your "proof of insurance.")							

Please Read: I give Relief After Violent Encounter (RAVE) permission to check my criminal history and Motor Vehicle Record with the Michigan State Police. I understand that RAVE will conduct a thorough investigation into my suitability for the applied volunteer position.

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a RAVE volunteer. Applicant's Signature Date of Birth Social Security No. Driver's License No. Race There is no right or wrong answers to questions 1 - 5. Please answer them briefly and honestly. We would like to know your thoughts and opinions on these issues. 1. Why do you want to be a volunteer for our program? 2. How do you think a woman feels that has just come to the shelter? 3. Why do you think a victim stays in an abusive relationship? 4. Why do you think someone resorts to violence? 5. What does empowerment mean to you? ______ Comments/Concerns/Other:

PLEASE SUBMIT THIS FORM USING ONE OF THE FOLLOWING OPTIONS

<u>Email</u>	<u>Mail</u>	Drop Off
Alexis VanAelst	RAVE – Ionia/Montcalm, Inc.,	RAVE – Ionia/Montcalm Inc.,
Volunteer/Outreach	P.O. Box 93	850 E. Lincoln Ave.
Coordinator	Ionia, MI 48846	Ionia, MI 48846
alexisv@raveim.org		

RAVE-I/M, Inc.

Volunteer Coordinator: 517-647-9639 | Administrative Office: 616-527-3351

Crisis: 1-800-720-7233 (SAFE)

@RAVE.IM @RAVE_IM1979 || #RAVEVolunteers #VolunteerAtRAVE