**Program Volunteer/Intern Application**

### First Name Middle Initial Last Name Birthday (Month/Day/Year)

### Preferred Pronouns Home Phone Cell Phone Primary Email Address

### Street Address City State Zip

#### Place of Employment Job Title Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Emergency Contact Person Name Relationship Phone

**Ethnicity** (optional and voluntary)

African American\_\_\_ Asian\_\_\_ Caucasian\_\_\_ Hispanic/Latinx\_\_\_

Native American\_\_\_ Pacific Islander\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background**

High School Diploma/GED Received? Yes\_\_\_ No\_\_\_ If yes, date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Degree Received? Yes\_\_\_ No\_\_\_ If yes, date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Commitment**

Are you able to commit to volunteering with InterAct for at least one year following your completion of training? Yes\_\_\_ No\_\_\_

More About You

Please explain briefly your reasons for wanting to volunteer with InterAct at this time:

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What do you hope and/or expect to receive from a volunteer experience at InterAct?

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What skills/qualities/experience will you bring to InterAct as a volunteer?

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In your own words, how would you describe why domestic violence occurs? What about sexual assault?

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At InterAct, we believe that we can't truly eradicate domestic and sexual violence unless we are also working to eradicate other forms of power and oppression, such as racism, homophobia, etc. In your view, how do these forms of oppression intersect? What makes this intersectional approach necessary?

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If you will be involved with InterAct as part of an internship, practicum, or other academic purpose, please list your requirements below (number of hours to be completed, length of placement, supervision requirements.):

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Please list any civic groups and/or social organizations you have participated in and length of service:

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Please list the name of your faith community: (Some of our funding comes from faith-based organizations. They are interested in whether their members are volunteers with our organization.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Which volunteer role(s) are you primarily interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Do you speak another language? Yes\_\_\_ No\_\_\_

If yes, what language(s) and are you fluent?

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Can you perform the essential functions of the position for which you are applying with or without a reasonable accommodation? Yes\_\_\_ No\_\_\_

#### How did you learn about InterAct?

Media\_\_\_ United Way\_\_\_ Friend/Acquaintance\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your family ever used InterAct’s services**?** Yes \_\_\_ No \_\_\_

If yes, which InterAct service(s) have you used?

Counseling\_\_\_ Support Group(s) \_\_\_ Shelter\_\_\_ Court Advocacy\_\_\_ Solace Center\_\_\_

When were you or your family member last involved with InterAct’s services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you utilize InterAct’s services under a different name than listed? Yes \_\_\_ No \_\_\_

If yes, what name did you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been **charged with** **OR convicted** of a criminal offense, misdemeanor or felony (past or present)? (This includes but is not limited to writing bad checks, speeding tickets or other traffic violations, DWIs, Prayer for Judgment, No Contest (nolo contendere), plea bargain or pleading guilty to a lesser charge.)

Yes \_\_\_ No\_\_\_

If yes, please provide dates and an explanation of the charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Charges or convictions will not automatically result in denial of volunteering. InterAct will consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which the applicant has applied. **It is understood and agreed upon that any omission or misrepresentation by me on this or any portion of the application will be sufficient cause for cancellation of this application and/or separation from volunteer services.**

Do you give InterAct permission to use/take photos for social media use? Yes \_\_\_ No \_\_\_

**References**

Please list 3 references below, including a mix of personal and professional references, for us to contact.

1)

Name Relation and how long you’ve known them

Email Phone

2)

Name Relation and how long you’ve known them

Email Phone

3)

Name Relation and how long you’ve known them

Email Phone

By signing below, I affirm that I have answered all questions truthfully and understand that if any portion of the application is found to be intentionally false, I may be denied the right to volunteer for InterAct. I also hereby authorize InterAct to verify any representations made by me, whether oral or written, concerning my application for the position of Volunteer.

Signature (electronic signature is acceptable) Date