

# L.I. AGAINST DOMESTIC VIOLENCE

## Volunteer Application



### PERSONAL INFORMATION:

<b>NAME:</b>	
<b>ADDRESS:</b> _____ _____	
<b>CELL PHONE:</b>	<b>E-MAIL:</b>
<b>HOME PHONE:</b>	<b>DATE OF BIRTH:</b>

### WORK EXPERIENCE:

EMPLOYER/AGENCY	POSITION	DATES OF EMPLOYMENT

### VOLUNTEER EXPERIENCE:

EMPLOYER/AGENCY	POSITION	DATES OF SERVICE

HIGHEST DEGREE OBTAINED \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CURRENT DEGREE IN PROGRESS (IF APPLICABLE) \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES (IF APPLICABLE) \_\_\_\_\_

### SPECIAL SKILLS:

Please list any special skills (i.e. bilingual speaking, web master, computer skills).

**AVAILABILITY:** Please identify specific times when you would be able to volunteer. You must be available for 4 hours each month. This will not be used to commit you to a permanent schedule, just to get an idea of your availability. Please list all general times you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**FREQUENCY:**

**How often are you willing to volunteer?**

- |  |  |
|--|--|
| <input type="checkbox"/> ONCE A MONTH  | <input type="checkbox"/> THREE TIMES A MONTH |
| <input type="checkbox"/> TWICE A MONTH | <input type="checkbox"/> FOUR TIMES A MONTH  |

**MODE OF DISCOVERY:**

**Please indicate how you learned about LIADV's volunteering opportunities:**

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**AREAS OF INTEREST:**

**Check all areas of interest.** All training for these positions takes place during normal business hours (8:30am-4:30pm).

- TELEPHONE HOTLINE VOLUNTEER  
Includes answering domestic violence crisis calls on hotline in the evenings (Requires a commitment of 4 hours per week and must have a landline phone)
- SHELTER VOLUNTEER  
Includes activities such as providing childcare, running group activities with residents
- EDUCATION VOLUNTEER  
Includes educational presenting, health fairs, clerical duties, community outreach, research
- ADMINISTRATION SUPPORT  
Includes clerical support, filing, mailing and administrative duties as needed
- FUNDRAISING VOLUNTEER  
Includes research, follow-up phone calling, grassroots event planning
- OTHER AREAS OF INTEREST (Please Specify)  
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**STATEMENT OF INTENT:**

**Please indicate why you are interested in volunteering at LIADV at this time.**

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Please note that to volunteer at LIADV you need to participate in full day mandatory training sessions at the inception of your volunteering. Trainings take place during normal business hours (9am-4pm) four times per year.

Please initial \_\_\_\_\_.

I agree not to disclose to anyone information regarding clients, the shelter, specifically the shelter location and/or phone number- or any other person or place connected with L.I. Against Domestic Violence unless otherwise specified by LIADV staff.

Please initial \_\_\_\_\_.

Due to the cost and time involved in the training, I agree to commit myself to the necessary training and at least 24 hours of volunteer service in a 6 month period.

Please initial \_\_\_\_\_.

**VOLUNTEER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INTERVIEWER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

PLEASE RETURN BY MAIL: 320 CARLETON AVE, STE 8000, CENTRAL ISLIP, NY 11722 | FAX 631-666-9208 | OR E-MAIL TO [INFO@LIADV.ORG](mailto:INFO@LIADV.ORG)

