

Dove Volunteer Application Form

- Domestic Violence
- BABES
- Community Services
- Homeward Bound
- Retired & Senior Volunteer Program
- Diversity Program
- MAX or DAX
- Ceasefire



NAME _____
Last First Middle Initial M or F

ADDRESS _____
Street City Zip County

How many years have you lived at this address? _____ (If less than 5 years, please attach list of all previous addresses during that time.)

PHONE: home _____ work _____ cell _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____
name relationship phone number

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____
(Only required for applying to DV)

DRIVER'S LICENSE NUMBER: _____

AUTO INSURANCE COMPANY NAME: _____

RELIGIOUS AFFILIATION (optional): _____

Please describe your present and/or previous work experience: (List current or most recent first)

Employer	Job Title	Years
_____	_____	_____
_____	_____	_____

Please describe volunteer roles: (working with youth, service clubs, community groups, religious affiliation)

Organization	Volunteer Role	Years
_____	_____	_____
_____	_____	_____

List any special skills, interest, training, education _____

Do you have any physical or emotional conditions that might limit your activities? _____

Why do you want to volunteer at Dove? _____

REFERENCES: List three persons not related to you who have knowledge of your qualifications.

Name	_____	Phone	_____
Address	_____		
	Street	City	State Zip
Name	_____	Phone	_____
Address	_____		
	Street	City	State Zip
Name	_____	Phone	_____
Address	_____		
	Street	City	State Zip

Have you ever been convicted of a criminal offense? (Other than minor traffic violation) _____NO_____ YES
If yes, please attach a sheet to explain. A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specifics of the position for which you have applied.

APPLICANT STATEMENT:

I affirm that the facts set forth in this application are true and complete. I authorize Dove, Inc. to investigate my background, including personal references, courts, police, social service agencies, and other persons or agencies with which I have had contact. I hereby give my consent for this information exchange and further authorize such persons or agencies to release any information requested by Dove, Inc.

I understand that this release of information will no longer be valid when I terminate my volunteer position or if I am not accepted as a volunteer.

If accepted, I agree to abide by the Volunteer Policy of Dove, Inc.

Signature _____ Date _____

SKILLS AND INTERESTS: Please check all that applies!

Dove Volunteer Positions:

- filing
- data entry
- child care
- tutoring
- recreational activities
- cleaning
- maintenance
- shelter coverage
- hotline coverage
- legal advocacy
- BABES

RSVP Volunteer Positions Only:

- arts and crafts
- clothing room
- data entry
- food distribution, mobile meals
- fund raising
- general office work
- gift shop attendant
- mailings
- mentor
- friendly visiting
- reading tutors
- recycling center
- schools
- special events
- sewing, knitting, quilting

RSVP ONLY

RSVP Volunteers are covered under plans one and two of the insurance brochure which include accident and personal liability. Since there is an Accidental Death Benefit, involved, you are asked to name a beneficiary.

Beneficiary

relationship

address

city, state, zip