

DeKalb Rape Crisis Center Volunteer Application

All volunteers working directly with clients must have a complete background check including fingerprinting. *

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Business/Cell Phone _____

E-Mail Address _____ @ _____

Gender _____ Race _____ Birthdate _____

What is the highest level of education you have completed?
If currently enrolled, please indicate level of study/degree program.

What type of volunteer experience are you looking for at DRCC?

*Crisis Line Advocate (Hotline) _____ Event & Support _____ Office/mailings _____

Speaker's Bureau _____ Open House _____ Clothesline Project _____

I have a valid driver's license. Yes _____ No _____

I have access to an automobile. Yes _____ No _____

Do you speak a language other than English fluently?

If yes, which language/s?

Why do you wish to volunteer your time with the Rape Crisis Center?

Have you experienced a violent crime? yes _____ no _____

When was the experience? _____

DRCC must orient all volunteers

All interested volunteers are contacted by phone or email after review of this application. Then work, volunteer and personal references are checked. All volunteers must go through an orientation program held at our offices.

Work Experience

Current employer: _____

Began job on (date): _____

Position: _____

Supervisor: _____

Phone _____ email _____

Responsibilities: _____

Previous employer: _____

Began job on (date): _____ Ended job (date): _____

Position: _____

Supervisor: _____

Phone _____ email _____

Responsibilities: _____

Left position because: _____

Previous employer: _____

Began job on (date): _____ Ended job (date): _____

Position: _____

Supervisor: _____

Phone _____ email _____

Responsibilities: _____

Left position because: _____

Volunteer Experience

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

References:

Name _____

Home Phone _____ Work phone _____

Email: _____ Relationship: _____

Name _____

Home Phone _____ Work phone _____

Email: _____ Relationship: _____

Name _____

Home Phone _____ Work phone _____

Email: _____ Relationship: _____

As a volunteer I will respect the client's and my fellow volunteers' privacy and maintain confidentiality concerning all aspects of my work with the DeKalb Rape Crisis Center. I will be aware of the serious nature of the work and take care to monitor the effect it has on me. I will take care of myself and keep the Volunteer Director informed of my progress as a volunteer.

Signature of Applicant _____

Date _____

Please send your application by mail or fax

DeKalb Rape Crisis Center
Attention: Jennifer Cromer
204 Church Street
Decatur, GA 30030

Fax:
404-377-5644

Thanks for your interest! We will get back to you soon.