

**City of Alexandria Office on Women
Sexual Assault Response and Awareness Program
Volunteer Application Form**

Training Preference (please check one):

I am interested in the Fall 2009 training (starting in October) and would like more information.

I would like to participate in the Fall 2009 training (starting in October) and would like to set up my 15 min. informal phone interview. The best days and times to reach me are _____.

**Please note you will receive an e-mail confirmation of the interview date and time.*

I am interested in Spring 2010 training (starting in February/March) and would like to be placed on the training information and notification list.

Personal:

Name _____

Address _____

City/State _____ Zip code _____

Phone (H/C) _____ (W) _____

Best days & times to call _____ E-mail _____

Month and day of birth _____

Are you over 21 years of age? _____

Ethnicity (optional) _____

How did you hear about our program? _____

Why are you interested in volunteering?

Briefly state what you think would be your strengths and weaknesses in working with survivors of sexual violence on a hotline.

Do you have any special needs? _____

Education:

High School: _____

College: _____

Other: _____

Employment:

Present Employer _____

Address _____

Your position _____ Work hours _____

Primary Duties/Responsibilities _____

Past Experience: List any positions you have held that might contribute to your working with clients on a hotline. Include salaried and volunteer positions.

1. Name and address of organization _____

_____ Position _____

Describe how knowledge gained from this position would be helpful for OOW.

2. Name and address of organization

Position

Describe how knowledge gained from this position would be helpful for your work on a hotline.

References:

Please list two (2) references (do not include family members):

1. _____ \ _____
Name Relationship Home # Work #

2. _____ \ _____
Name Relationship Home # Work #

Please type your name and the date below to certify that the above information is true and subject to verification.

Applicant Signature _____ Date _____