

Battered Persons' Advocacy Volunteer Application

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Battered Persons' Advocacy thanks you for your interest in becoming a volunteer. Due to the nature of the work, we like to invest time in getting to know our applicants and making sure we have a good match for both BPA and the volunteer. This application is the first step.

It is also standard procedure to do a criminal record check on all applicants. Any checks we make into your background will be confidential.

Please fill out this form and return it to BPA as soon as possible. Thank you!

Full Name: _____ **Date:** _____

Mailing Address: _____

Home Phone: _____ **Work Phone:** _____

Message Number: _____ **E-mail:** _____

Health Restrictions: _____

Do you have reliable transportation to drive to a volunteer assignment or evening meeting? (If selected as a BPA volunteer, you will need to provide proof of vehicle insurance.)

Questionnaire:

1. What makes you want to volunteer with this program?

2. What personal experience or work related skills do you have that would assist you in this work?

3. Please describe any volunteer work experience you may have.

4. How did you learn of this volunteer opportunity?

5. How has/does domestic violence, sexual assault or stalking affect you personally?

6. What days and times are you able to volunteer?

7. Are you retired? Employed?

8. Are you willing to commit to 20 hours of volunteer service with Battered Persons' Advocacy over the next year?