

**A Way Out;
Domestic Violence & Sexual Assault Services**

VOLUNTEER APPLICATION

NAME _____ AGE _____

ADDRESS _____

PHONE _____ (home) _____ (work)

EMPLOYER _____

May we call you at work? _____

Why are you interested in volunteering? _____

What related job or volunteer work have you had? _____

What is your educational background? _____

List current memberships or involvements with other groups or organizations. _____

What special skills, abilities, or interests do you have which will make you an effective volunteer for A Way Out? _____

Do you have any thoughts about why and what types of people are battered?

Do you have any thoughts about why and what types of people are sexually assaulted?

Why do you think perpetrators batter and sexually assault their victims?

What are the best times for you to volunteer? _____

Is there any other information you would like to share that may be relevant to your application as a volunteer? _____

I understand that when I become a volunteer, all contacts made with program participants of A Way Out are absolutely confidential.

Signature

Date

Please list three personal references.

1. Phone #
2. Phone #
3. Phone #

PLEASE MAIL YOUR APPLICATION TO A Way Out , Box 447, Coudersport, Pa 16915 AS SOON AS POSSIBLE. THANK YOU.