



Domestic Abuse Women's Network Volunteer Application

Thank you for your interest in volunteering with DAWN! We look forward to receiving your application. Please complete this application in full and return it to DAWN, Attn: Volunteer Coordinator, PO Box 88007, Tukwila WA 98138, fax it to 425.656.4309, or email it to robin@dawnonline.org.

Personal Information

Date	First Name	Last Name	Email Address	
Address		City	State	Zip
Home Phone	Best Time to Call		Work Phone	OK to call at work?
Current Employer				

Which classes do you plan to attend <i>in general</i> ? (Flexible to mix and match day/evening classes).
<input type="checkbox"/> Day <input type="checkbox"/> Evening

What is your availability?
<input type="checkbox"/> Flexible Hours <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays

What specific areas of volunteer service interest you?		
<input type="checkbox"/> Board Committee <input type="checkbox"/> Children/Youth Programs <input type="checkbox"/> Crisis Line Advocate <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Office Support	<input type="checkbox"/> Publicity <input type="checkbox"/> Public Speaking <input type="checkbox"/> Support Group Facilitation <input type="checkbox"/> Shelter Program <input type="checkbox"/> Special Events	<input type="checkbox"/> Other:

What skills do you bring to DAWN?	
<input type="checkbox"/> Fundraising <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Legal Advocacy/Law Pertaining to DV <input type="checkbox"/> Event Planning	<input type="checkbox"/> Translation <input type="checkbox"/> Interpretation <input type="checkbox"/> Community Education/Outreach <input type="checkbox"/> Computer Technology <input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Other talents or skills? These could range from yoga instruction and painting to building maintenance and database creation. We encourage you to think creatively about how you can contribute.	

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How did you hear about DAWN?
<input type="checkbox"/> DAWN Website <input type="checkbox"/> Friend/Family <input type="checkbox"/> Staff <input type="checkbox"/> News Article <input type="checkbox"/> Radio <input type="checkbox"/> TV
<input type="checkbox"/> Former/Current Client of DAWN (If yes, please note dates:) <input type="checkbox"/> Other:

Have you had any personal experience with family violence or child abuse within the last 12 months?
<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:

Experience and Language Skills

Briefly tell us about your past and present paid and unpaid professional experience? Please attach a resume detailing your last four employers, the dates employed and your position.

Tell us about your language skills:
English is my native language <input type="checkbox"/> yes <input type="checkbox"/> no Speaking/Understanding <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent Reading/Writing <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
What is your native language , if other than English? Speaking/Understanding <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent Reading/Writing <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Do you speak an additional language ? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what language is this? Speaking/Understanding <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent Reading/Writing <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

List any special training or education you have related to volunteering with DAWN:
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Getting to Know You

What motivates you to serve as a volunteer at DAWN?
What is your experience working with adults and children from various racial, economic, religious or other backgrounds? Are there any groups that you feel uncomfortable working with?
What have you found to be the most satisfying about volunteering? And the least satisfying?
What do you hope to gain from volunteering with DAWN?
In your opinion, why do individuals batter?
In your opinion, what are the barriers survivors face when trying to leave an abusive relationship?
Are you comfortable working with people in crisis? What skills do you think are important in working with people in crisis?
Are there any restrictions which might impact your availability to volunteer with DAWN, i.e. family, work or school?

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References

Please provide three references that you have known for more than one year. One can be personal (not a relative) and the other two should be professional.

Name of Reference	Relationship	Length of Relationship	Phone Number	Email Address

Emergency Contact Information

Please provide DAWN with an emergency contact:			
Name:	Relationship:	Phone:	
Doctor's Name:	Phone:		

Criminal History

Have you ever been disciplined or discharged for theft, fighting or assault by an employer?
<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:
Have you ever been arrested, charged or convicted of any crime? Have you had your driver's license suspended or revoked?
<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:
Are you seeking court-mandated community service hours?
<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain and detail the number of hours required:

Authorization

I authorize DAWN to have access to my school and employment records to verify any statements contained in this application. In addition I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by DAWN.

To the best of my knowledge, the information included in this application is correct.

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Signature _____

Date _____

Printed Name _____

If you are interested in volunteering in a position where you will interact directly with clients, i.e. on the crisis line or at the shelter, we require that you complete the DAWN Advocacy Training before doing this work. This training is offered three times each year (fall, winter, spring/summer). Please refer to www.dawnonline.org for information on upcoming trainings.

Please indicate below if you intend to attend the next training and the month and year that the training will begin that you would like to attend.

Please select the advocacy training that you would like to attend:
<input type="checkbox"/> Fall 2010 (see sample schedule below) <input type="checkbox"/> Winter 2011 (classes available on Saturdays) <input type="checkbox"/> Spring/Summer 2011 (classes available in mornings)

Below is a sample of a training schedule for your information. Please note that this is just an example of a training series.

Schedule	Topic		DV101	DV201	Volunteer
	<i>Monday</i>	<i>Thursday</i>			
Week 1	DV in Context	DV/SA Basics	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm
Week 2	Advocacy Based Counseling/ DV movement timeline	DV and kids/Dating Violence	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm
Week 3	Basic Safety Planning	Protection Orders/Criminal Law	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm
Week 4	Mental Health/Chemical Dependency/ Trauma	Survivor Panel	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm	12pm-3pm or 6pm-9pm
Week 5	Adv. Safety Planning	Economic Justice Issues		12pm-2pm or 6pm-8pm	12pm-3pm or 6pm-9pm
Week 6	Family Law/Law Enforcement	Immigration		12pm-2pm or 6pm-8pm	12pm-3pm or 6pm-9pm
Week 7	LGBTQ Relationships	Elder abuse		12pm-2pm or 6pm-8pm	12pm-3pm or 6pm-9pm
Week 8	Religion	Batterer Interventions/ Hot topics		12pm-2pm or 6pm-8pm	12pm-3pm or 6pm-9pm
Week 9	Wrap-up/Graduation				TBD (2 hours)

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REQUEST FOR CRIMINAL HISTORY INFORMATION

CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THOROUGH 43.43.845

APPLICANT OF INQUIRY (Please provide as much information as possible. Name and birth date are mandatory.)

Last Name	First Name	Middle Name	Alias/Maiden Name(s)
Date of Birth (m/d/yy)	Driver's License Number/State		

AUTHORIZATION:

I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by DAWN.

To the best of my knowledge, the information included in this application is correct.

Applicant's Signature

Date

Printed Name

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Domestic Abuse Women's Network Oath of Confidentiality

A Commitment to client, staff and DAWN confidentiality is a fundamental part of ensuring both safety and privacy. Signature on the Oath acknowledges an understanding of and an agreement with all of DAWN's policies and procedures relating to client, staff, volunteer, Board member and agency confidentiality. Furthermore, it constitutes a pledge not to breach these policies and an understanding that any violation will be considered actionable.

All information regarding past and present clients or service recipients of DAWN are confidential. No information can be given to any individual, group or organization to indicate whether or not any individual is, or has been, a client or service recipient at DAWN. Any requests for client information should be directed to the Program Coordinator or an Agency Director. A standard letter of verification that includes no service or confidential detail, along with a signed authorization by the client may be provided on behalf of a client. Past or present clients or other service recipients will not be discussed in a manner which may lead to the identification of individuals.

The locations of DAWN's service sites are confidential due to safety reasons. No information shall be provided to any person, group or organization which would disclose the location of any DAWN confidential service site, except in accordance with appropriate procedures devised for this purpose and based upon specific locations. It can, however, be acknowledged that all of the agency's service locations are in South King County.

No confidential files, records or other materials shall be transported to any location outside of DAWN's offices without the approval of a Program Coordinator or Agency Director. Confidential materials include, but are not limited to client files, all financial related documents, personnel and donor records, and any other proprietary information. All confidential materials shall be locked up when not in use and every effort shall be made to minimize the amount of time they are kept unsecured. Furthermore, no information related to these materials shall be divulged to any person, group or organization without the approval of an Agency Director.

Addresses and home telephone numbers of all staff, volunteers and Board members are confidential and cannot be given to any person, group or organization, including clients. Last names of staff, except the Agency Directors and Program Coordinators, shall not be shared with the public or with clients. Staff lists and rosters shall not be circulated internally or externally without the consent of the Human Resources Director.

I have read and agree to uphold all DAWN policies relating to confidentiality.

Print Name/Date

Witness Print Name/Date

Signature

Signature

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