



# 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: Betsy Ann, PO Box 88007, Tukwila WA 98138, fax it to 425.656.4309, or email it to [betsyann@dawnonline.org](mailto:betsyann@dawnonline.org). If you are applying for an internship, please enclose a resume and cover letter indicating what you bring to DAWN and why you want to work with us. Thank you!

## 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				

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.	

What is your availability?							
Are you able to commit to volunteering an average of 3 hours/week for a year? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Maybe (please explain): _____							
Hours Available (check all times that you are available):							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Domestic Abuse Women's Network Volunteer Application

<b>How did you hear about DAWN?</b>
<input type="checkbox"/> Internet <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"/> Other:
<input type="checkbox"/> Former/Current Client of DAWN (If yes, indicate last date of service: _____ )

<b>Have you had any <i>personal</i> experience with family violence or child abuse within the last 12 months (not work-related)?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

## Experience and Language Skills

<b>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.</b>

<b>Tell us about your language skills:</b>	
<b>English Fluency</b>	<input type="checkbox"/> English is my <b>native language</b> <input type="checkbox"/> English is <b>NOT</b> my native language. My level of <b>Speaking/Understanding</b> English is <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent My level of <b>Reading/Writing</b> English is <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
<b>Native Language (if not English)</b>	My <b>native language</b> is _____ My level of <b>Speaking/Understanding</b> is <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent My level of <b>Reading/Writing</b> is <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
<b>Additional Languages</b>	<input type="checkbox"/> I speak the following additional language(s): _____ My level of <b>Speaking/Understanding</b> is <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent My level of <b>Reading/Writing</b> is <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

<b>List any special training or education you have related to volunteering with DAWN:</b>



# Domestic Abuse Women's Network Volunteer Application

## Getting to Know You

<b>What motivates you to serve as a volunteer at DAWN?</b>
<b>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?</b>
<b>What have you found to be the most satisfying about volunteering? And the least satisfying?</b>
<b>What do you hope to gain from volunteering with DAWN?</b>
<b>In your opinion, why do individuals batter?</b>
<b>In your opinion, what are the barriers survivors face when trying to leave an abusive relationship?</b>
<b>Are you comfortable working with people in crisis? What skills do you think are important in working with people in crisis?</b>
<b>Are there any restrictions which might impact your availability to volunteer with DAWN, i.e. family, work or school?</b>



# Domestic Abuse Women's Network Volunteer Application

## 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



# Domestic Abuse Women's Network Volunteer Application

## 50-Hour Advocacy Training

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 or four times each year (fall, winter, spring). Please indicate below the training you will attend:

Please select the advocacy training that you would like to attend:	
Please select one: <input type="checkbox"/> Winter (January-February) <input type="checkbox"/> Spring (April-May) <input type="checkbox"/> Fall (September)	Year: <input type="checkbox"/> 2012

Please note that DAWN's website is regularly updated with training schedules about one month before a new training begins. That information can be found here: <http://www.dawnonline.org/training/default.htm>. You are required to attend all sessions before you can begin any direct service work. Some exceptions may apply if you have attended a similar training elsewhere.



# Domestic Abuse Women’s Network Volunteer Application

## Request for Criminal History Information

Child/Adult Abuse Information Act  
RCW 43.43.830 - 43.43.845

**Applicant of Inquiry** (Please provide as much information as possible. \*Starred items are mandatory.)

*Last Name	*First Name	*Middle Name (or initial)	Alias/Maiden Name(s)
*Legal Gender	*Date of Birth (mm/dd/yyyy)		Driver’s License Number/State
<input type="checkbox"/> Female <input type="checkbox"/> Male	/   /		/

**\*Please check the following:**

Yes   No

   I have been convicted of a crime.

   I have had findings made against me in a civil adjudicative proceeding.

**\*Authorization:**

Please check the following:

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

I acknowledge that an inquiry into my criminal background history will be made as part of a job or volunteer application screening with DAWN.

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

\_\_\_\_\_  
\*Applicant's Signature (electronic permission OK)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



# Domestic Abuse Women's Network Volunteer Application

## 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.

\_\_\_\_\_  
Signature (electronic acknowledgement OK)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name