



CAP Services, Inc. – Intervention Services
(Family Crisis Center, Family Crisis Center DV Outreach,
Sexual Assault Victim Services and Transitional Living Program)

VOLUNTEER APPLICATION

Name: _____

Address: _____

Home address, if different from above: _____

Phone: (H)_____ (C)_____ (W)_____

Drivers License #:_____ State_____

E-mail address_____

In case of emergency contact: _____ Phone:_____

How did you hear about CAP Services? _____

Please explain your interest in volunteering for CAP Services' Intervention Services programs: _____

Do you have any experience dealing with victims of violent crimes? If yes, please explain: _____

Have you ever been convicted of a crime? If yes, please describe the circumstances: _____

Are you volunteering to fulfill community service hours? _____

Availability:

_____As needed

_____One Time Only (Date available :_____)

_____On-Going (_____hours per week).

By signing below, I declare the information provided in this application is accurate and factual.

Signature

Date

****Along with this completed form, please submit 3 letters of personal reference from people other than family members, who have known you at least one year and can address your suitability for this volunteer position.****