



CAP Services

Transforming People and Communities

Human Development

Family Crisis Center/Domestic Violence Outreach/Sexual Assault Victim Services/Transitional Living Volunteer Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Address, if different from above _____

City _____ State _____ Zip Code _____

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

Birthdate _____ Drivers License # _____ State _____

Email Address _____

In case of emergency contact _____ Phone() _____

How did you hear about CAP Services? _____

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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? Yes No

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 2 letters of personal reference from people other than family members, who have know you at least one year and can address your suitability for this volunteer position.****