



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.****

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

Which of the following volunteer opportunities are you interested in?

Direct Client Services:

- _____ **Family Crisis Center:** Assisting with Children’s Support Group, working with youth in shelter. **Stevens Point Only**
- _____ **Family Crisis Center DV Outreach:** Assisting with Children’s Support Group or Women’s DV Support Group
Location you’re interested in volunteering at: Waupaca_____ Wautoma_____
- _____ **Sexual Assault Victim Services:** SAVS Advocates share a monthly on-call schedule and attend monthly meetings for support and continuing in-service. The advocate on-call carries a pager and is contacted by phone to provide supportive services to victims of sexual assault. Contact with the victim may be by phone or in person at the hospital, law enforcement office, or county courtroom.
Location you’re interested in: Waupaca_____ Stevens Point_____
- _____ **Group Home Youth:** Spend time with youth ages 11-17 (times vary as it is unpredictable when we have youth in shelter, volunteers would be called on an “as needed” basis)

Program Services:

- _____ **Family Crisis Center:** Cleaning, organizing storage areas, clerical, etc. **Stevens Point Only**
- _____ **Family Crisis Center DV Outreach/Transitional Living Program:** Cleaning, organizing storage areas, yard work, light maintenance work, picking up donations, etc
Location you’re interested in: Waupaca_____ Stevens Point_____ Wautoma_____
- _____ **Family Crisis Center and Sexual Assault Victim Services Advisory Board**
- _____ **Family Crisis Center:** Pet sitter to take care of cats, birds, or fish while a women is in shelter.

Special Events/Fundraising:

- _____ **Annual: 5K Race, DV/SA Awareness Month**
Location you’re interested in: Waupaca_____ Stevens Point_____ Wautoma_____