



Safe Passage, Inc.

A Domestic Peace Program
Serving York / Chester / Lancaster / Union Counties

Volunteer/ Intern Application

Personal Data

Date: _____

Name: _____
Mailing Address: _____
Phone #1: _____ E-Mail: _____
Emergency Contact Person: _____ Phone: _____
Relationship: _____
Are you a student? Y/N School: _____ Major: _____
Are you applying for an internship: Y/N If yes, how many hours do you need? _____
Have you ever worked or do you currently work for Safe Passage? Y/N
Have you ever received services from Safe Passage? Y/N
Do you have a valid driver's license?
Do you have a car available for use while volunteering?

Qualifications: Please specify details when possible.

What personal qualities suit you to work for Safe Passage as an advocate?

Have you had experience related to working with domestic violence or sexual assault?

Please list any past volunteer experience you have had:

Please list any special skills and interests:

Safe Passage Fit and Interests

How did you learn of Safe Passage, Inc.?

Why are you interested in volunteering with Safe Passage, Inc.? In which capacity are you interested in volunteering – domestic violence, sexual assault or child abuse?

Have you ever been a victim of domestic violence, sexual assault, or child abuse? Y/N
(If yes, a follow-up interview will include more detailed questions pertaining to your experience. This is to protect both the volunteer and the clients.)

What do you hope to gain by volunteering with Safe Passage, Inc.? Any personal goals?

Issues of domestic violence and sexual assault often evoke strong, sometimes troubling responses that can complicate the advocate/client relationship. If, for any reason, you find your ability to work with a client is compromised, or if, after working with a client you feel uncomfortably stressed, how would you handle it?

Describe how you work with diverse populations?

What does confidentiality mean to you?

Here at Safe Passage, self-care is one of our first priorities for our volunteers. How do you deal with stress? How do you take care of yourself?

Why do you think some people resort to domestic violence and/or sexual assault? How do you feel about people who abuse?

Often times, we watch our clients return home to their abuser. If a client you were working closely with chose to return home to their abuser, how would you respond?

Have you ever been convicted of a felony, any violent crime, or any crime involving children? If yes, please explain.

References

Please list two (2) references:

Name	Address	Relationship	Home/Work Phone
1. _____			
2. _____			

Are you willing to work without discriminating on the basis of physical or mental disability, race, ethnicity, color, religion, political beliefs, gender, age, national origin, citizenship, ancestry, sexual orientation, marital or familial status, pregnancy, income, veteran status, socioeconomic status, gender identification or any other basis prohibited by federal, state, or local law, as well history of substance abuse or prior behavior that might be viewed as domestic violence or sexual abuse? **Y/N**

Culturally competent service is service delivery that enables the agency to recognize and respond appropriately to the diversity of the community based on factors including, but not limited to, race, ethnicity, sexual orientation, disability, income, geographic influence, religion, and age, gender identification and the effect of those factors on the community's need for and access to domestic violence, sexual assault/abuse, sexual harassment, and stalking services. Are you willing to work to seek cultural competency? **Y/N**

Authorization and Agreement by Applicant

1. I certify that all shared information in this application is true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Safe Passage complete a criminal background check prior to volunteering.

Signature of Applicant

Date

TO BE FILLED OUT BY SPI VC

Interview Date:

Approved? Y/N