

(formerly known as Women's Crisis Support ~ Defensa de Mujeres )

## **Volunteer Application**

#### PLEASE PRINT

First Name:	 Last Name:	
Address:	 City, State, Zip:	
Home: () Cell: ()	 Email:	

#### Availability

Please mark (X) for the shifts you are available to volunteer with programs and take shifts on the Crisis Line :

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 7:00am– 12:00pm							
Afternoon 12:00pm—5:00pm							
Evening 5:00pm—9:00pm							
Graveyard 9:00pm—7:00am							

**Volunteer Opportunities:** Please place 1, 2, 3, 4, 5 in order of preference for your desired volunteer opportunities

\_\_\_\_\_ On-Call Program (Crisis Line)

\_\_\_\_\_ Fund Development Assistant

Prevention Program/Presentation Assistant Community Awareness Event Assistant

Administrative Assistant

- Sexual Assault/Domestic Violence Advocate
- \_\_\_\_\_ Assist with Restraining Orders
- Accompany Clients to Court
- Co-Facilitate Children Support Groups
- \_\_\_\_\_ Co-Facilitate Adult DV Support Groups

#### **Personal Information:**

How did you hear about Monarch Services?

Why do you want to volunteer with Monarch Services?

Please describe any volunteer experience you may have:

What strengths can you bring to Monarch Services?



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## Volunteer Application (pg.2)

#### **Employment Status:**

Are you currently employed: Please mark (	х) ()Ү	′es ( )1	No			
If yes, where are you currently employed	d?		Since	Position_		
<b>Education:</b> Please mark (X) for highe	est completed	level of ed	ucation			
High School	GED	Cc	ollege (Degree:		)	
Graduate (Degree:	)	Ot	her (Specify:		)	I
Language and Skills: Please mark (	X) for all that	apply				
Drimony Longuage				Other		
Primary Language S ( ) Speak ( ) Write ( ) Read	Secondary Lar	iguage	) Deed	Other	) ) // / / / / / / / / / / / / / / / /	) Deed
() Speak () write () Read	() Speak (	) write (	) Read	() Speak (	) write (	) кеаб
Personal History: Please mark (X)						
Are you a current or previous client of N	Ionarch Servio	ces?()Ye	es ( ) No			
If yes, how long ago? Services you received						
Have you ever experienced Personal Power Based Violence (Domestic Violence/Sexual Assault)?						
( ) Yes ( ) No If yes, how long ago did this occur?						
Please describe the support you receive	d to work thre	ough this cr	isis:			

Some volunteer opportunities at Monarch Services involve dealing with victims of trauma. Is there any reason you believe you would not be able to volunteer for Monarch Services in this capacity? ( ) Yes ( ) No If so, please explain:



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# Volunteer Application (pg.3)

#### Personal History (Cont.):

Prior to answering the following two questions regarding criminal offenses, <u>please read</u> the following paragraph regarding situations <u>which should not be disclosed</u>.

You should omit any information concerning a) any arrest or detention that did not result in conviction; b) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated; c) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code Section 1203.4; d) any arrest for which a pretrial diversion program has been successfully completed pursuant to Penal Code Sections 100.5 and 1001.5; and e) a conviction that is more than two years old for marijuana-related offenses under Sections 11357(b), 11357(c), 11360(c), 11364, 11365, or 11550 of the California Health and Safety Code.

Have you ever been convicted of a criminal offense (Conviction of a crime will not necessarily constitute an absolute bar to volunteering)

() Yes () No If yes, state nature of the crime (s), when and where convicted and disposition of the case.

\*\*Note: Consideration for volunteering may include the nature of any criminal offense conviction, the date of the offense(s), the surrounding circumstances and the relevance of the offense to the position (s) applied for.

Are you currently out on bail or on your own recognizance pending trial for a prior arrest? ( ) Yes ( ) No

If yes, state nature of the crime (s), when and where arrested and the status of the case.

**Note: Consideration for volunteering ma stances and the relevance to the position(		of the pending criminal offen	se (s), the date(s), the su	rrounding circum-
Are you able to provide verification	of a valid driver li	cense?()Yes())	No	
If yes, please provide following info Issuing state: DL Number: _		Exp Date:	DOB:	
References:_Please list two refe	rences below.		( )	
First Name	Last Name		Telephone	No.
Address & Street		City	State	Zip
Occupation		Years Known Relatio	nship to You ( )	
First Name	Last Name		Telephone I	No.
Address & Street		City	State	Zip

SOUTH RCH SERLICS

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# Volunteer Application (pg.4)

#### Please Read Carefully, Initial Each Paragraph and Sign Below:

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure a volunteer position shall be grounds for rejection of this application or for immediate discharge if I have been selected to volunteer, regardless of the time elapsed before discovery.
- I hereby authorize Monarch Services to thoroughly investigate my references, work record, education, criminal record, and other matters related to my suitability for a volunteer position and, further, authorize the references I have listed to disclose to Monarch Services any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Monarch Services, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- I understand that nothing contained in the application, or conveyed during any interview which may be granted or, if hired, during my volunteer experience at Monarch Services, is intended to create a volunteer contract between Monarch Services and me. In addition, I understand and agree that if I am selected as a volunteer, my volunteer tenure is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or , Monarch Services and that no promises or representations contrary to the foregoing are binding on me or Monarch Services unless made in writing and signed by me
  - and the Monarch Services designated
  - representative.
  - Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted or obtained by Monarch Services, I may be entitled by law to copies of any such public records obtained by Monarch Services unless I mark the check box below. If I am not hired as a result of such information, I may be entitled to a copy of any such records even though I have checked the box below.
  - I waive receipt of a copy of any public record described in the paragraph above.

Applicant's Signature

Date

We thank you for choosing Monarch Services as your volunteer option. Once your application has been fully completed you may submit it by the following methods:

<u>Email</u> :	Attention: Volunteer Program Manager @	arelim@monarchscc.org
Fax:	Attention: Volunteer Program Coordinator @	(831) 475-0580
<u>Mail</u> :	Attention: Volunteer Program Coordinator @	1685 Commercial Way, Santa Cruz, CA 95060