



A Program of Alliance for Community Transformations
Domestic Violence, Sexual Assault, and Human Trafficking Prevention, Intervention, and Recovery Services

Physical Address:
812 W. 18th Street,
Merced, CA 95340

Mailing Address:
P.O. Box 2745
Merced, CA 95344

Business Line: (209) 725-7900 ♦ **Fax Line:** (209) 725-7908 ♦ **24-Hour Crisis Line:** (209) 722-4357
Email: info@alliance4you.org ♦ **Website:** www.valleycrisiscenter.org

VOLUNTEER APPLICATION

Applicant Information:

First Name: _____ Last Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Pronouns: _____

Primary Phone Number: _____ Is this number: Cell Work Home

Do you have an additional contact number? If yes, please complete, if no, skip.

Secondary Phone Number: (_____) _____ - _____ Is this number: Cell Work Home

Email: _____

Preferred Method of Contact: Primary Phone Number Secondary Phone Number Email

What is your Date of Birth: _____

Are you fluent in any language other than English? Yes No

If yes, what language(s)? _____

Are you able to read and write in those languages as well? Yes No

Transportation Information:

Do you have reliable transportation? Yes No

Do you have a valid California Driver's License? If yes, what is your driver license number? _____

Do you have up to date car insurance? Yes No

Employment Information:

Employment Status: Full-Time Part-Time Retired Student No Employment

If currently employed or previously employed, what was your occupation/job title?

Volunteer Information:

Have you volunteered/worked with Valley Crisis Center previously? Yes No

Have you volunteered/worked with another program under Alliance for Community Transformations? Yes No

If yes, what agency and role did you perform?

Do you have any other volunteer experience? Yes No

If yes, please explain:

Please share your reasons for wanting to volunteer with Valley Crisis Center:

References:

Name	Relationship	Contact Number

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

Weekly Monthly Occasional Special Projects

What is your minimum hourly availability per week?

4 Hours 6 Hours 8 Hours 10 Hours 12 Hours 16 Hours Other: _____

Additional Information:

Have you experienced intimate partner violence, sexual assault, or human trafficking? Yes No
If yes, please give a brief description of your experience:

Office Based Positions	Shelter Based Positions	Other Positions
<input type="checkbox"/> Crisis Counselor <input type="checkbox"/> Data Entry Aide <input type="checkbox"/> Group Counselor <input type="checkbox"/> Legal Aide <input type="checkbox"/> Office Aide <input type="checkbox"/> Peer Counselor	<input type="checkbox"/> Case Manager <input type="checkbox"/> Group Facilitator <input type="checkbox"/> Shelter Aide	<input type="checkbox"/> Crisis Counselor – On Call <input type="checkbox"/> Outreach Aide <input type="checkbox"/> Social Media Content Creator
<input type="checkbox"/> Other:		

I understand that Valley Crisis Center, a program of Alliance for Community Transformations may investigate my background, including, but not limited to my references, criminal background, and suitability for volunteering at the agency. I also understand that as a volunteer I am providing my services without monetary compensation.

Applicant Signature _____
Date

Parent Signature (If applicant is under 18 years of age) _____
Date

All Information Provided will be Kept Confidential