# General Information

*Contact volunteers must be 18 years old at the time of application. Do you meet this criteria? Yes*

Name: First Last

Address:

Phone: (H) (C) Email:

# Which program are you interested in completing training for?

# Crisis Helpline:

#  *The Crisis Helpline is volunteer run. To cover the cost of trainers and supplies there is a charge of $50 that must*

#  *be submitted prior to the of your training session. A copy of your photo I.D. will also be collected at this time.*

# Sexual Assault Services Program:

#  *This is a government funded program. Participants must complete all 40 hours of training to become a*

#  *Confidential Sexual Violence Advocate (CSVA). Additionally, CSVA’s must have regular transportation access,*

#  *cell phone access, and a photo I.D. available for copy prior to the start of training.*

Why do you wish to volunteer for Contact of Burlington County?

How did you learn about Contact and its volunteer training program(s)?

# Skills and Interests

Trainings/License(s)/Certifications/Education/Occupation:

Hobbies/Interests/Skills:

Volunteer Experience (list organizations and position(s) held:

What areas of strengths do you bring to the program applied for? What areas could you improve on?

Areas of Strength:

Areas to Improve:

 Have you taken a Contact volunteer training in the past? Yes No

 If yes: Program: Date:

# Commitment

# Crisis Helpline:

 $50 Training fee, training course, apprenticeship, volunteer service with Contact

 Sexual Assault Services Program:

 Completion of 40 hours of training and volunteer service with Contact

# Background Check:

# Do you consent to a criminal background check? Yes No \_\_\_\_\_

# Do you have a history of criminal charge(s)/arrest(s) you would like to make us aware of? Yes No

# Explain if Desired:

#

List name and phone number of one personal or professional reference:

Name Phone

# Please read this statement carefully and acknowledge acceptance by your signature below:

 I declare the information in this application to be true. I understand that a lack of truth may result in
 immediate dismissal from the training program/volunteer position. If my dishonesty results in harm to the
 agency or people, I understand that I could be legally responsible for damages caused.

 I­ am committed to attendance and participation in the training program interested in.

 If at any point in time it is determined by myself or the agency that this is not a good fit, I understand that I

 can withdraw or be dismissed from training or my volunteer position.

Signature: Date: