



Volunteer Training Application

1. 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 \$20 that is due prior to your first training session. A copy of your photo I.D. will also be collected.

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)? _____

2. Skills and Interests

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

Hobbies/Interests/Skills: _____

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

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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: _____

3. **Commitment**

Crisis Helpline:

_____ \$20 fee, training course, apprenticeship, volunteer service with Contact

Sexual Assault Services Program:

_____ Completion of 40 hours of training and volunteer service with Contact

4. **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: _____