

Name:	D.O.B.	/_		
Address:				
City		_ Zip:		
The best way to reach me is:				
Phone: (H)	(W)		15	
(Cell)	email addre	ss:	*	
Position/Title:	Hou	rs:	Days	
Educational Background: Are you currently in school: Yes N Name of School:	No If yes Pa	ırt-time	☐ Full-Time	
Days and Times attending:				
Hobbies, Interests, Skills:				
Other abilities/experiences which may be				
Previous Volunteer/Intern Experience:				
What would you hope to gain by volunteer	1			
Are you bi-multi-lingual Yes No Languages fluently spoken: Languages fluently written:				
s there a particular type of volunteer work in which you are interested? (Check all that pply).				

Working with adult survivors Legal Advocacy Working with youth 13-17 Working one-on one with clients Doing classes/workshops for women Working with a Group Helping with general office duties No Preference			
Are there any groups or type of activity the with? No Yes	at you would not feel comfortable working		
II. AVAILABILITY At what times are you interested in volunte	eering/interning?		
Prefer weekdays (M-F) Prefer we	enings (6-10) Prefer afternoons (12-5) ekends Other volunteer/internship		
Do you have access to an automobile you on Yes No Occasionally	can use for volunteer/internship work?		
III. PERSONAL INFORAMTON			
Are there any medical limitations on the ty	pe of volunteer services you can perform?		
Yes No If yes please explain:			
Please list person we may contact in case of	of emergency:		
Name:	Relationship		
Address:	Phone:		
City:	State:Zip:		
IV. References			
How did you hear about Family Rescue?			
Referred by friend/volunteer:			
Advertisement: (explain)			
Referred by another agency:			

Other:				
Please list two references:				
Name:	Phone:	Relationship: Relationship:		
Please list one business/volunteer/	internship refer			
Name of Company/School:		Phone;		
Supervisor/Field Inst.:				
May we contact these references?				
at Family Rescue. I will not discus staff. I understand that to be a dire the 40-hour domestic violence train	onal lives of cli- as client issues vect service volur ning provided b ldren, I agree th	rill treat with confidentiality any ents, staff, volunteers and interns while with anyone other than the appropriate atteer or intern I will need to complete by Family Rescue. If my volunteer or at a background check will be done		
Signature:		Date:		

Direct Service Interns and Volunteers need to possess a 40 hour domestic violence training certificate. Family Rescue is a certified training site by the Illinois Certified Domestic Violence Professionals.

THANK YOU FOR CHOOSING TO WORK WITH FAMILY RESCUE!