

**WOMEN IN TRANSITION APPLICATION FOR TELEPHONE COUNSELING VOLUNTEER SERVICE**

All applicants are considered for all volunteer positions regardless of race, gender, sexual orientation, age, marital status, cultural or religious practices, social or economic status, political beliefs, or physical abilities.

Before completing this application, please read the following expectations of all Telephone Counseling Volunteers:

- Completion of Women In Transition's 45-Hour Domestic Violence Advocate Training Program
- Completion of approximately 10 hours of on-line observation
- Commitment to volunteer at least 6-9 hours a month for a period of one year at minimum
- Commitment to attend at least four of five in-service events per year
- Commitment to preserve the confidentiality of clients of Women In Transition and its sister agencies

Today's Date:

Name:

Address:

City:

State:

Zip Code:

Home Telephone: ( )

Cellphone:( )

E-MAIL ADDRESS:

Is this a good way to communicate with you?

Yes  No

Employment Status:  Full-Time  Part-Time  Not working at this time  Student

Name of Employer:

Job Title:

Work Telephone:

Fax Number:

How did you learn about Women In Transition:  Newspaper  Radio  Television  WIT's Newsletter  
 I once received WIT services  Internet: specify website:  Other:

Do you know any one who is affiliated with the agency?  No  Yes: Name of person:

Are you a U.S. Citizen?  Yes  No: Are you authorized to work in the U.S.  Yes  No

Have you ever been convicted of a felony or misdemeanor?  No  Yes: Please explain:

Do you have a current child abuse clearance?  Yes  No

Do you have any special physical limitations that preclude you from performing any work for which you are being considered?  No  Yes: Please describe what the agency can do to accommodate you:

Training: Please note any special training or certifications you have received.

Type of Program

Type of Training

Certification & Date Received

1.

2.

Other Activities: Please list current or past professional or civic activities that may be relevant to your career or volunteering at Women In Transition.

Name of Organization

Type of Activity

Dates Involved

1.

2.

3.

Are you currently a student?  Yes  No      Status  Full-Time  Part-Time  
Current/ Anticipated Degree:  GED  High School Diploma  Associate  Bachelor  Master  Certificate

**Educational Status:** Please list your last two educational experiences beginning with your present or most current enrollment. If this information is provided on your Resume, skip to the next section.

**Name of Current or Last Educational Institution:**

**Major:** \_\_\_\_\_ **Graduation or Anticipated Graduation Date:** \_\_\_\_\_

**Name of Last Educational Institution:**

**Major:** \_\_\_\_\_ **Graduation or Anticipated Graduation Date:** \_\_\_\_\_

**Employment Experience:** Please list your last three jobs beginning with your last employment. If this information is provided on your Resume, skip to the next section.

Employer	Job Title	Dates Employed
1.		
2.		
3.		

**List any languages that you can speak other than English:**

Speak fluently     Read and write fluently     Translate to English     Translate to the language(s)

**Please briefly explain why you are interested in volunteering for Women In Transition:**

**What will make this volunteer experience rewarding for you? What do you hope to gain from it? How can WIT staff enhance your experience as a volunteer?**

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**References: Please provide three (3) references—persons who could speak to your professional abilities, character, and ethics and who are not related to you.**

**Name/Title/Organization**

**Day-Time Telephone Number/  
E-mail Address if checked daily**

**How known & number of years**

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1.

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2.

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3.

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**CERTIFICATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application and/or Resume shall be grounds for disqualification.**

**I authorize Women In Transition to investigate all statements contained on this application and/or Resume, and further authorize the references listed to provide Women In Transition with any and all pertinent information concerning my professional conduct and/or abilities to serve as a volunteer, and release all parties from all liability regarding the release of previous employment/professional conduct information to Women In Transition.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, participation in the Women In Transition, Inc. Volunteer Program will be on an "at will" nature, which means that I may resign at any time and that Women In Transition may discharge me at any time for any reason.**

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**Signature of Applicant:**

**Date:**