

SUFFOLK COUNTY COALITION AGAINST DOMESTIC VIOLENCE  
VOLUNTEER APPLICATION

PERSONAL INFORMATION:

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>PRIMARY PHONE:</b>	<b>E-MAIL:</b>
<b>SECONDARY PHONE:</b>	<b>DATE OF BIRTH:</b>

RELEVANT WORK/VOLUNTEER EXPERIENCES:

EMPLOYER/AGENCY	POSITION	DATES OF EMPLOYMENT

HIGHEST DEGREE OBTAINED \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CURRENT DEGREE IN PROGRESS (IF APPLICABLE) \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES (IF APPLICABLE) \_\_\_\_\_  
\_\_\_\_\_

SPECIAL SKILLS:

Please list any special skills (i.e. bilingual speaking, web master, computer skills).

**AVAILABILITY:** Please identify specific times when you would be able to volunteer. You must be available for 4 hours each month. This will not be used to commit you to a permanent schedule, just to get an idea of your availability. Please list all general times you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

FREQUENCY:

How often are you willing to volunteer?

- |  |  |
|--|--|
| <input type="checkbox"/> ONCE A MONTH  | <input type="checkbox"/> THREE TIMES A MONTH |
| <input type="checkbox"/> TWICE A MONTH | <input type="checkbox"/> FOUR TIMES A MONTH  |

MODE OF DISCOVERY:

Please indicate how you learned about SCCADV's volunteering opportunities:

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**AREAS OF INTEREST:**

**Check all areas of interest.** All training for these positions takes place during normal business hours (8:30am-4:30pm).

- TELEPHONE HOTLINE VOLUNTEER  
Includes answering domestic violence crisis calls on hotline in the evenings (Requires a commitment of 4 hours per week and must have a landline phone)
- SHELTER VOLUNTEER  
Includes activities such as providing childcare, running group activities with residents
- EDUCATION VOLUNTEER  
Includes educational presenting, health fairs, clerical duties, community outreach, research
- ADMINISTRATION SUPPORT  
Includes clerical support, filing, mailing and administrative duties as needed
- ADVOCACY ASSISTANT  
Assisting Advocates with information, research and basic office duties
- FUNDRAISING VOLUNTEER  
Includes research, follow-up phone calling, grassroots event planning
- OTHER AREAS OF INTEREST (Please Specify)

**REFERENCES:**

**Please include 3 non-related references.**

Name	Relationship	Phone Number

**STATEMENT OF INTENT:**

**Please indicate why you are interested in volunteering at SCCADV at this time.**

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Please note that to volunteer at SCCADV you need to participate in full day mandatory training sessions at the inception of your volunteering. Trainings take place during normal business hours (9am-4pm) four times per year. Please initial \_\_\_\_\_.

I agree not to disclose to anyone information regarding clients, the shelter, specifically the shelter location and/or phone number or any other person or place connected with the Suffolk County Coalition Against Domestic Violence unless otherwise specified by SCCADV staff. Please initial \_\_\_\_\_.

Due to the cost and time involved in the training, I agree to commit myself to the necessary training and at least 24 hours of volunteer service in a 6 month period. Please initial here \_\_\_\_\_.

**VOLUNTEER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INTERVIEWER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE SUBMIT ATTN: JENNIFER TO PO BOX 1269 BAY SHORE NY 11706 FAX 631.666.9208 OR EMAIL AT JENNIFER@SCCADV.ORG**

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**Volunteer Commitment and Expectations**

Welcome to the Suffolk County Coalition Against Domestic Violence's (SCCADV) Volunteer Program! Thank you for volunteering. As you may already know, SCCADV was founded in 1976 with the support of volunteers like you. Your interest in aiding those affected by domestic violence and making an impact in our community is greatly appreciated by everyone at SCCADV, especially including the thousands of clients we serve each year. We feel that before you formally agree to volunteer with our organization that you understand what is expected of you.

1. You must attend a full day training session before you can begin to volunteer. In this training you will learn the basics of Domestic Violence and an overview of our services. You will meet with directors of our departments and learn more specifically about each of our programs. If you can not attend the training you must contact the Community Educator.
2. You will be asked to sign a *confidentiality agreement*, as many volunteers come in contact with SCCADV clients. All client information as well as the location of our Safe Harbor Shelter are completely confidential and *are not to be shared with anyone outside of our organization*.
3. More intensive training will be provided for those volunteering in advocacy, fundraising, shelter services, hotline, administration or education. These trainings could take anywhere from 1 day to a few weeks. Completion of the training is required. Scheduling for these trainings will be done via the Community Educator. However, you are responsible for all follow up and confirmation.
4. SCCADV reserves the right to discontinue training in any particular department at any time if it is felt that your skills and ability would be better suited for a different volunteer opportunity.
5. After the completion of training all volunteers will be expected to make a *6 month commitment to SCCADV for at least once a month for 4 hours. Hotline volunteers are expected to make a 6 month commitment, once a week for 4 hours in the evenings*. Failure to meet time commitment expectations will result in dismissal from the volunteer program. Health Fairs, tabling, mailings, and administrative work are a great way to reach time commitment expectations (especially if you are unable to meet the commitment in your specific department). These opportunities are often available on Saturdays, evenings and occur throughout the year.
6. It is our understanding at SCCADV that volunteers often have busy schedules, but we do ask that if you commit to any of our opportunities that you contact the Community Educator as soon as possible if you will be unable to attend or meet that commitment. **Your dependability, reliability and follow through are of the utmost importance.**

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7. Volunteers are expected to attend bi-monthly volunteer meetings. Hotline volunteers are expected to attend two refresher trainings throughout the year in addition to the refresher trainings.
8. All volunteers are expected and asked to maintain open communication with the Community Educator. Meetings between the Community Educator and volunteer will take place after 6 months of volunteering is completed to determine if volunteering will continue, discontinue or go in a different direction.

If you have any questions or concerns please feel free to discuss them with the Community Educator. Volunteers make a difference everyday. We appreciate everything you do to help survivors of Domestic Violence.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Educator \_\_\_\_\_ Date \_\_\_\_\_