

Violence Intervention Project
Volunteer Program Application

Date of Application: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Other: _____

Email Address:

Please explain why you are interested in volunteering at VIP.

What are your areas of interest and abilities which may be useful in your work with VIP?

Volunteer Application_Page 2

What is your definition of domestic violence and sexual assault?

I am willing to assist VIP, on a volunteer basis, in the following areas (list is not exhaustive):

Transportation _____ Office Tasks _____ Childcare _____

Cleaning/Maintenance _____ Other (specify) _____

(There is potential to do a variety of other volunteer tasks after being with VIP for a while and demonstrating your capabilities.)

Thank you in your interest in Violence Intervention Project. By signing below, you verify that you have completed this application to the best of your ability and give VIP permission to contact those people listed below as references:

Signature: _____ Date: _____

Applicant References

Name: _____ Phone: _____

Relationship to Applicant _____

Name: _____ Phone: _____

Relationship to Applicant _____

Name: _____ Phone: _____

Relationship to Applicant _____

Forms to complete:

Informed Consent for a Background Check: _____

Findings:

Cleared for Volunteering: _____

Not cleared for volunteering: _____

Volunteer Confidentiality Policy

Confidentiality is essential to maintain a safe environment in this agency.

1. Volunteers must not share the names of other people they may see when coming to VIP for groups, supervised visitation or exchanges, or any other services.
2. Violation of this policy may result in immediate termination of your services.

I have read this Confidentiality Policy and will abide by its contents.

Signed: _____ Date: _____

Witnessed by: _____ Date: _____

**Non-Profit Informed Consent
Violence Intervention Project
PO Box 96
Thief River Falls, MN 56701**

Date: _____

The following named individual has made application with this agency for:

- Employment
- Volunteering
- Board of Directors

Last name of applicant (please print) _____

First name (please print) _____

Full middle name (please print) _____

Maiden, Alias, of Former Names _____

Date of Birth _____ Sex Male Female

Social Security Number (optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Violence Intervention Project for the purpose of (check box) with this agency.

- Employment
- Volunteering
- Board of Directors

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant Date

Signature of Witness Date