

DeKalb Rape Crisis Center

24-Hour Crisis Hotline Volunteer Application

(please print)

All volunteers working directly with clients on the 24-hour crisis hotline must have a complete background check including fingerprinting.*

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Business/Cell Phone _____

E-mail Address _____

Gender _____ Race _____ Birthdate _____

What is the highest level of education you have completed? If currently enrolled, please indicate level of study/degree program. _____

In addition to the Crisis Hotline, what type of volunteer experience are you looking for at DRCC?

(check all that apply)

Event & Support _____ Office/Mailings _____

Speaker's Bureau _____ Open House _____ Clothesline Project _____

I have a valid driver's license. _____ Yes _____ No

I have access to an automobile. _____ Yes _____ No

Do you speak a language other than English fluently? If yes, which language/s? _____

Why do you wish to volunteer your time with the Rape Crisis Center? _____

Have you experienced a violent crime? _____ Yes _____ No

When was the experience? _____

DRCC must extensively train and orient all Crisis Hotline volunteers. All interested volunteers are contacted by phone or e-mail after review of this application.

Work Experience

Current Employer _____

Began Job on (date) _____

Position _____

Supervisor _____

Phone _____ E-mail _____

Responsibilities _____

Previous Employer _____

Began Job on (date) _____

Position _____

Supervisor _____

Phone _____ E-mail _____

Responsibilities _____

Left position because _____

Previous Employer _____

Began Job on (date) _____

Position _____

Supervisor _____

Phone _____ E-mail _____

Responsibilities _____

Left position because _____

Volunteer Experience

Agency _____ Contact _____

E-mail _____ Phone _____

Your activities _____

Length of Involvement _____

Agency _____ Contact _____

E-mail _____ Phone _____

Your activities _____

Length of Involvement _____

Agency _____ Contact _____

E-mail _____ Phone _____

Your activities _____

Length of Involvement _____

Agency _____ Contact _____

E-mail _____ Phone _____

Your activities _____

Length of Involvement _____

References

Name _____

Home phone _____ Work phone _____

E-mail _____ Relationship _____

Name _____

Home phone _____ Work phone _____

E-mail _____ Relationship _____

Name _____

Home phone _____ Work phone _____

E-mail _____ Relationship _____

As a volunteer, I will respect the client's and my fellow volunteer's privacy and maintain confidentiality concerning all aspects of my work with the DeKalb Rape Crisis Center. I will be aware of the serious nature of the work and take care to monitor the effect it has on me. I will take care of myself and keep the Volunteer Director informed of my progress as a volunteer.

Signature of Applicant _____

Date _____

Please send your application by mail or fax to: Jamaila Winn, DeKalb Rape Crisis Center, 204 Church Street , Decatur, Georgia 30030

Fax: 404-377-5644

Thank you for your interest! We will be in touch with you soon.