



CAP Services, Inc. – Intervention Services
(Family Crisis Center, Family Crisis Center DV Outreach,
Sexual Assault Victim Services and Transitional Living Program)

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home address, if different from above: _____

City: _____ State: _____ Zip Code: _____

E-mail address _____

Phone: (H) _____ (C) _____ (W) _____

Birthdate: _____ Driver's License #: _____ State _____

In case of emergency contact: _____ Phone: _____

How did you hear about CAP Services? _____

Please explain your interest in volunteering for CAP Services' Intervention Services programs: _____

Do you have any experience dealing with victims of violent crimes? If yes, please explain: _____

Have you ever been convicted of a crime? If yes, please describe the circumstances: _____

Are you volunteering to fulfill community service hours? [] Yes [] No

Availability: [] As needed [] One Time Only (Date avail : _____) [] On-Going (____hours/week)

By signing below, I declare the information provided in this application is accurate and factual.

Signature _____

Date _____

Along with this completed form, please submit 3 professional references from people, other than family members, who have known you at least one year and can address your suitability for this volunteer position.