



CAP Services, Inc. – Family Crisis Center
(Emergency Shelter, DV Outreach, Hmong Family Strengthening,
Child and Youth Services, Sexual Assault Victim Services, and STEP)

VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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? \_\_\_\_\_

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Please explain your interest in volunteering for CAP Services' Family Crisis Center 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

Are you at or below 125% of FPL (Federal Poverty Level)? Yes No Prefer not to answer

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.