



**Family Violence Prevention Services, Inc.
Battered Women and Children's Shelter**

Volunteer Application

7911 Broadway, San Antonio, Texas 78209

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All Family Violence Prevention Services, Inc. (FVPS) prospective volunteers must submit a completed volunteer application. Volunteer selection is based on successful completion of the Volunteer Orientation, participation in a screening interview and criminal background check. Please complete and submit this application along with 3 non-related character references.

Application Date: ___ / ___ / ___ **Recruiter's Name:** _____

First Name: _____ **Last Name:** _____ **MI:** _____

Home Address: _____ **Phone:** (___) ___-____

City: _____, **State:** _____ **Zip:** _____ **Fax #:** (___) ___-____

Email Address: _____ **SSN (optional):** ____-____-____

Texas Driver's License/State ID Card #: _____ **Expiration:** ___ / ___ / ___

Have you ever used another name for work, school or business purposes? If so, identify name(s), date(s) and circumstance(s): _____

Previous Employer: _____ **Occupation:** _____

Work Address: _____ **Phone:** (___) ___-____

City: _____, **State:** _____ **Zip:** _____ **Fax #:** (___) ___-____

Does your company offer a matching fund or company contribution for your volunteer service? YES or NO

If yes, who is the contact person: Name: _____ **Phone:** (___) ___-____

In the case of an emergency (such as a natural disaster) at any of our facilities, can we call you to volunteer?

Yes/No. If Yes, please give us your best AM/PM Phone #s (___) ___-____ / (___) ___-____

Educational Background: High School Some College College Degree Masters

How did you learn about FVPS?

(Check all that apply)

<input type="checkbox"/> TV	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Volunteer Center	<input type="checkbox"/> Event
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:

Why have you chosen FVPS over other volunteer opportunities in the community? (Please check off all that apply.)

<input type="checkbox"/> Academic course credit	<input type="checkbox"/> Personal growth	<input type="checkbox"/> Community service requirement
<input type="checkbox"/> Internship	<input type="checkbox"/> Personal familiarity with domestic violence	<input type="checkbox"/> Other:

Tell us in your own words what motivates you to volunteer with FVPS: _____

Which of the following volunteer opportunities interest you? (Check as many as you desire)

Childcare	Shelter Assistant/ Hotline	Group activity
Donation Area (M-F 9-4)	Health Fair Representative	Special Events
Community Education	Administration (M-F 9-5)	Counselor Assistant

Indicate your availability:

Weekday	Weekend
Weekly	Bi-Monthly
Monthly	

Desired Sifts:

Day (7am – 3pm)	Evening (3pm – 11pm)
Nights (11pm – 7am)	Other: (Special Need)
On Call	

Foreign Languages: Yes No Level of competency and languages? _____

Computer Literacy Level: Advanced Intermediate Beginner

What do you hope to gain from your volunteer experience?: _____

What personal strengths will you draw on while working with adults or children in crisis?: _____

Describe your previous volunteer experiences (organization, position held, length of time, etc.): _____

What did you like MOST about your previous volunteer experiences?: _____

What did you like LEAST about your previous volunteer experiences?: _____

Tell us about your special interests, hobbies, civic or religious groups, activities you enjoy, etc.: _____

Have you received services from FVPS (i.e. counseling, stayed in our shelter, etc.)? Yes No

If yes, please state what type of service was rendered and the approximate date that you received these services: _____

Have you ever been arrested, charged, or convicted of any crime? Yes No

If yes, please explain: _____

Emergency Contact:

Name: _____ **Relation:** _____

Address: _____

Home #: () _____ **Work #:** () _____

POC: Andrea Garcia, Volunteer Support and Community Relations Specialist, (210) 930-3669 x. 1232