

Abuse Victims Education Network Unified to Ensure Safety



**P.O. Box 284
Hannibal, MO 63401
573-406-1400 Office
573-221-4280 Local Hotline
800-678-7713 (Outside Hannibal)**

Date: _____

Name: _____ **Phone:** _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Social Sec. Number: _____ **Driver's License Number:** _____

Are you employed outside the home Y N If yes, where? _____

Hours you normally work? _____

Can we call at work? Y N Employer's phone number: _____

DOB: _____

What skills, areas of expertise or aspects of your educational background would you bring to AVENUES as a volunteer?

Have you ever been a volunteer before: Yes No
If yes, for what organization and what activities were included?

Why are you interested in becoming a volunteer for AVENUES?

Have you ever been a victims of domestic violence, sexual assault or sexual harassment? (This question is optional! Share only what your are comfortable with sharing.)

How did you become interested in this organization?

What do you believe is the cause of sexual assault?

Describe your understanding of Domestic violence?

What is your understanding of child sexual abuse?

Have you ever worked with confidential materials/information? If so in what capacity?

Do you believe you would be able to maintain strict confidentiality regarding information you may obtain in your role as an AVENUE\$ volunteer?

What do you believe are your strengths?

What do you feel are your weaknesses?

Would you be willing to undergo a background check? (This is strictly for security purposes.)

What volunteer areas interest you the most? (Rank each item from 1 to 3, with 1 being most interest)

Crisis Line Clerical On-Call/back-up Child care
 Shelter coverage Court advocacy Hospital advocacy Other*
 Transportation Fund-raising Office coverage

When are you available

<input type="checkbox"/> Sunday	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Monday	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Thursday	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Friday	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night

Please indicate any hours that you would be available:

Please list three references:

Name: _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (Work): _____ **Home:** _____

