

The DOVES Program  
Volunteer/Board Member Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

How did you learn about the DOVES Program? \_\_\_\_\_

Why you are interested in serving as a volunteer for the DOVES Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your expectations as a volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there specific issues related to domestic, dating and sexual violence on which you would like to **focus** as a volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What experience, skills or education would you like to share with DOVES? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list boards, charities, and/or community activities with which you are or have been involved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you bi-lingual? Yes No If yes, what languages? \_\_\_\_\_

The following questions are OPTIONAL and will be used only to give us insight into your experience and motivation for becoming a DOVES volunteer. **All information will be kept STRICTLY confidential.**

Have you or someone you know experienced domestic, dating or sexual violence?  Yes  No

If so, how long ago? \_\_\_\_\_

Did you receive help from a domestic violence/sexual assault program?  Yes  No

If so, when and where? \_\_\_\_\_

Which volunteer opportunities interest you most?

- |   |   |
|---|---|
| <input type="checkbox"/> Work directly with children in shelter | <input type="checkbox"/> Assist with shelter maintenance        |
| <input type="checkbox"/> Work directly with women in shelter    | <input type="checkbox"/> Move furniture                         |
| <input type="checkbox"/> Provide child care at shelter          | <input type="checkbox"/> Manage incoming donations              |
| <input type="checkbox"/> Provide child care at office           | <input type="checkbox"/> Organize fund raising campaigns        |
| <input type="checkbox"/> Cover 24-Hour Crisis Line              | <input type="checkbox"/> Recruit volunteers                     |
| <input type="checkbox"/> Provide Pet Foster Care                | <input type="checkbox"/> Serve on the DOVES Board of Directors* |

\*If you are interested in serving on the DOVES Board of Directors, please answer the following questions.

- Are you able to attend 6 board meetings, 1 board event, and 6 volunteer activities (booths, community events, etc.) per year?  Yes  No
- Are you willing and able to contribute to organizations that support the DOVES Program (ie United Way of Western Nebraska) or make direct contributions (ie paper products, food, hygiene items, etc.) directly to DOVES?  Yes  No

What other information would you like us to have? \_\_\_\_\_

Please list two references who do not live with you and are not related to you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

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E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date