

Domestic Violence Services, Inc.

Serving Umatilla and Morrow Counties since 1977

Volunteer Application



Name (First and Last)		Preferred Pronouns (optional)	
Street Address	City	ST	Zip Code
Mailing Address (if different than street)	City	ST	Zip Code
Email Address			
Cell Phone		May we text this number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone (If applicable)			

Employer/School Name			
Employer/School Address	City	ST	Zip Code
Employer Phone		May we contact you at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact		
Name	Phone	Relationship

References (please list at least two)		
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Do you use illegal substances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been charged with neglect, abuse, or assault?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your driver's license ever been suspended/revoked in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "yes" to any of the above questions, please attach a written explanation.	

Domestic Violence Services, Inc.

Serving Umatilla and Morrow Counties since 1977

Volunteer Application



What days are you available?

☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Any Day

What times are you available?

☐Mornings ☐Afternoons ☐Evenings ☐Any Time ☐Other: _____

Areas of Interest

Direct Service *(training required & provided)*

- ☐Crisis line
- ☐Reception/Clerical Work
- ☐Support group and/or class facilitation
- ☐Bilingual Support – Language: _____

Indirect Service

- ☐Fundraising & Special Event Support
- ☐Yard Beautification
- ☐Maintenance/Repairs
- ☐Janitorial/Cleaning
- ☐Board of Directors *(additional application)*
- ☐Special Projects/Other: _____

Please outline skills, knowledge, or experience you can contribute:

Please list any relevant education, certificates, licenses, etc.:

Please list any limitations we need to be aware of:

Because trauma can be a part of our services, Domestic Violence Services, Inc. recommends that you speak with the Volunteer Coordinator if you have ever been impacted by domestic violence, sexual assault, or stalking. The Volunteer Coordinator can assist you in preparing for possible triggers or other trauma-related responses you may experience while working with us.

Domestic Violence Services, Inc.

Serving Umatilla and Morrow Counties since 1977

Volunteer Application



Please read before signing

I understand that:

- I give permission to Domestic Violence Services, Inc. to verify my information and to make inquiry of others concerning my suitability to act as a volunteer.
- In the course of volunteering for Domestic Violence Services, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest confidence
 - This includes names, descriptions, or any personally identifying information
- I agree to keep the location of the DVS shelters confidential
- Any breach of confidentiality on my part could endanger someone's life.
- The relationship between Domestic Violence Services, Inc. and volunteers is an "at will" arrangement and may be terminated at any time without cause by either the volunteer or Domestic Violence Services, Inc.
- Any volunteers that Domestic Violence Services, Inc deems necessary will require a background check

I affirm that I have read and understood the information above and that the information I have given is true and complete.

Volunteer Signature		Date
Parent Signature (if under 18)		Date
<input type="checkbox"/> YES	I grant Domestic Violence Services Inc. permission to use my likeness, voice, and words in television, radio, film, or any form to promote activities of Domestic Violence Services, Inc.	
<input type="checkbox"/> NO		

Please submit completed applications to our Volunteer Coordinator either by:

- **Mail** – PO Box 152, Pendleton, OR 97801
- **Email** – volunteer@dvs-or.org
- **In Person** – 1103 SE Court Place, Pendleton, OR or 240 SE 2nd St Hermiston, OR

OFFICE USE ONLY			
<input type="checkbox"/> Background Check Complete		ONLY NEEDED IF DRIVING FOR DVS BUSINESS: Driver's License #: _____ Issuing State: _____ Vehicle Insurance Carrier: _____ Policy Number: _____ <i>Make a copy of license and valid insurance</i>	
<input type="checkbox"/> Identification Verified/Viewed			
<input type="checkbox"/> Driver's License on Record			
<input type="checkbox"/> Vehicle insurance verified & on record			
CONCLUSION:	Date Received	Reviewed By (printed)	Reviewer's Initials
<input type="checkbox"/> INELIGIBLE			
<input type="checkbox"/> ELIGIBLE			