



**ALEXANDRIA DOMESTIC VIOLENCE  
CHILDREN'S PROGRAM  
VOLUNTEER APPLICATION FORM**

Date \_\_\_\_\_ Interview Date/Time \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Are you over 21 years of age? \_\_\_\_\_ Month and day of birth \_\_\_\_\_

Education \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Your position \_\_\_\_\_ Work hours \_\_\_\_\_

Primary Duties/Responsibilities

List any positions you have held that might contribute to your working in the Domestic Violence Program (DVP). Include salaried and volunteer positions. If you need more space, please attach additional pages.

1. Name and address of organization:

Position:

Describe how knowledge gained from this position would be helpful for DVP.

Briefly state what you think would be your strengths and weaknesses in working with the Children's Program

Briefly describe why you want to volunteer for this program

Please list any special talents, skills or abilities that are yours which you would be willing to share with DVP (writing, graphics, math, accounting, computer, other languages, teaching, signing, etc.):

Do you have any special needs? \_\_\_\_\_

Please list two (2) references (not family related):

1. \_\_\_\_\_ \ \_\_\_\_\_  
Name Relationship Home # Work #

2. \_\_\_\_\_ \ \_\_\_\_\_  
Name Relationship Home # Work #

Have you ever been convicted of a crime related to abuse or neglect of children?

No

Yes, please explain \_\_\_\_\_

I give permission to the Office on Women to conduct a criminal history record search.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax the completed form to 703.746.3280 or press submit to email form to [jen.clayton@alexandriava.gov](mailto:jen.clayton@alexandriava.gov).