



*Office On Women*  
*Domestic Violence Program*  
**Volunteer Application**

**Personal:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Best time to call \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Why are you interested in volunteering?

What motivates you to get involved with the ADVP?

Briefly state what you think would be your strengths and weaknesses in working with ADVP

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

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

**Education:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**Employment:**

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

Address \_\_\_\_\_

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

Primary Duties/Responsibilities:

**Past Experience:**

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 ADVP.

2. Name and address of organization:

Position:

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

**References:**

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

1. _____	_____	_____	_____
Name	Relationship	Home #	Work #

2. _____	_____	_____	_____
Name	Relationship	Home #	Work #

*I hereby certify that the above information is true and subject to verification.*

Applicant 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).