

## Volunteer Application

This form is designed to assist the Agency in selecting new volunteers to serve in various capacities at Wild Iris Women's Services of Bishop, Inc. Please complete all sections and return it to Wild Iris – Attention: Volunteer Application. Please refer to the Volunteer Recruitment Policy, Crisis Counselor/Educator Job Description, and Volunteer Statement of Understanding for more information about this process and being a member of the Wild Iris team.

**(Please Print or Type)**

**PERSONAL DATA:**

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
	Home Phone	Office / Message Phone	
	FAX	E-mail	

Do you have a current Driver's License issued at least two years ago?      Yes       No       State: \_\_\_\_\_

Do you have current automobile insurance?      Yes       No

Have you ever been convicted of a crime other than traffic infractions?      Yes       No

If "Yes," please explain: \_\_\_\_\_

(Note: Convictions are not an automatic bar to membership. Each case will be considered on its own merits.)

Do you have any physical condition or handicap that may limit your ability to perform the essential duties or physical requirements of the volunteer job for which you are applying?      Yes       No

If "Yes," what can be done to accommodate your limitation? \_\_\_\_\_

**PROFESSIONAL LICENSE/CERTIFICATION INFORMATION (use attachment if necessary):**

Are you professionally licensed? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____		If not licensed in CA, have you applied? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of license you currently hold:	Registration #:	Exp Date:	Comments:
Where did you complete counselor training:	None <input type="checkbox"/> Wild Iris <input type="checkbox"/> Other <input type="checkbox"/> Name: _____		
What type of counseling certificate did you obtain:	Domestic Violence <input type="checkbox"/>	Date Certified: _____	
	Sexual Assault <input type="checkbox"/>	Date Certified: _____	

**EDUCATION (use attachment if necessary):**

	Name	Location (City & State)	Academic Major	Graduated			Degree Earned
				Yes	No	GED	
High School							
College, University or Technical School							

**SPECIAL SKILLS AND TRAINING (specify number of year's experience in each of the following; use attachment if necessary):**

Skill	Years	Skill	Years	Skill	Years	Skill	Years
Bilingual: _____ language		Management		Accounting		Technology	
Planning		Marketing		Investment		Community Relations	
Knowledge of service		Volunteer for agency		Fundraising		Public presentations/education	

Please explain further or list your additional competencies that are relevant:

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**COMMUNITY ACTIVITIES OR MEMBERSHIPS; VOLUNTEER EXPERIENCE** (use attachment if necessary):

Dates	Average Hours Per Month	Organization	Duties

**INVOLVEMENT WITH WILD IRIS** (trainings, workshops, etc.; use attachment if necessary):

Dates	Description

**EMPLOYMENT HISTORY** (state your most recent employment first and all employment relevant to the position for which you are applying, using an attachment in the same format if necessary):

<b>Name and Address of Employer</b>	<b>Description of Duties</b>	<b>Started (Mo/Yr):</b>	<b>Ended (Mo/Yr):</b>
<b>Telephone Number of Employer</b>		<b>Title:</b>	
<b>Supervisor's Name / Telephone Number</b>		<b>May we contact?    Yes <input type="checkbox"/>    No <input type="checkbox"/></b>	
<b>Name and Address of Employer</b>	<b>Description of Duties</b>	<b>Started (Mo/Yr):</b>	<b>Ended (Mo/Yr):</b>
<b>Telephone Number of Employer</b>		<b>Title:</b>	
<b>Supervisor's Name / Telephone Number</b>		<b>May we contact?    Yes <input type="checkbox"/>    No <input type="checkbox"/></b>	

**REFERENCES** (use attachment if desired):

Name and Address	Title/Relationship	Telephone Number
1.		
2.		
3.		

**ADDITIONAL QUESTIONS AND RESUME** (please answer the following questions on a separate attached sheet of paper, if needed; also, please attach a brief resume that describes your professional history as well as volunteer activities that you have engaged in during your lifetime):

1. Why do you want to become a volunteer for Wild Iris?
  
2. What skills, talents, or other qualities do you believe that you can contribute as a Wild Iris volunteer?
  
3. Is there a particular segment of the population in Inyo or Mono County that you believe you represent (such as Hispanic, Native American, an under-served geographical area or socio-economic group)?

I hereby certify I have been informed of the duties of the volunteer position I am applying for and that all information on this application is correct and complete to the best of my knowledge. I authorize Wild Iris to verify my past employment, education and activities, and release from all liability all persons, companies, and entities supplying such information. I agree to indemnify Wild Iris Women's Services of Bishop, Inc. against any liability that may result from making such an investigation. I understand that nothing contained in this application or in the granting of an interview is intended to create a contract of any kind. No promises have been made to me at this time. If offered a volunteer position, I understand and agree to successfully completing a background check and providing a current copy of my motor vehicle record before I will be allowed to commence volunteer work. Further, I understand that falsification or omission of any material information on this application may be considered sufficient cause for immediate termination. I agree that, if I am offered and I accept a volunteer position, I will abide by and observe all policies, procedures, rules, and regulations established by Wild Iris.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Interest Survey

This form is designed to assist the Agency in selecting new volunteers to serve in various capacities at Wild Iris Women's Services of Bishop, Inc. Please complete all sections and return it to Wild Iris – Attention: Volunteer Interest Survey.

**(Please Print or Type)**

**PERSONAL DATA:**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Street Address</b>	<b>City</b>	<b>State</b> <span style="float: right;"><b>Zip Code</b></span>
<b>Mailing Address (if different from above)</b>	<b>City</b>	<b>State</b> <span style="float: right;"><b>Zip Code</b></span>
	<b>Home Phone</b>	<b>Office / Message Phone</b>
	<b>FAX</b>	<b>E-mail</b>

Have you completed Wild Iris Crisis Counselor Training? Yes  No

What type of counseling certificate did you obtain: Domestic Violence  Date Certified: \_\_\_\_\_

Sexual Assault  Date Certified: \_\_\_\_\_

If not, would you like to enroll in a Wild Iris Crisis Counselor Training? Yes  No

Wild Iris has two types of volunteers:

Direct Service Volunteers have completed our 80 hour Crisis Counselor Training. They are peer counselors and interact directly with clients.

Indirect Service Volunteers do not participate in peer counseling or direct client services. They are involved in activities that benefit our clients indirectly.

Are you interested in...	Yes	No
Direct Client Services (peer counseling)?		
Indirect Client Services (non-client activities)?		
Providing peer counseling for our Spanish speaking clients?		
Being a Youth Violence Prevention Program classroom presenter?		
Helping with office coverage?		
Helping with fundraising activities and community awareness events?		
Helping with crisis hotline coverage?		
Assisting with translation for our clients?		
Helping prepare our Wild Iris newsletter in English?		
Helping prepare our Wild Iris newsletter in Spanish?		
Being an outreach volunteer for client support in Northern Mono County?		
Being an outreach volunteer for client support in Southern Inyo County?		

Other interests not mentioned above. (You may use an additional sheet if necessary)