



43 Center St, Suite G. Northampton, MA 01060
413-586-1125 (Voice/TTY)
www.safepass.org

Volunteer / Internship Application

All prospective volunteers for Safe Passage must submit a completed application. Selection as a volunteer is based on successful completion of our 30 hour training program and participation in a screening interview. Please complete and submit this application before the first night of training.

Name: _____

D.O.B.: _____ Gender: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email
Address: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Emergency
Contact: _____ Relationship: _____

Address: _____

Phone Number(s): _____

OFFICE USE ONLY:

Training: _____
References Rec'd 1) _____ 2) _____
Interview Date: _____

Date Received: _____
Training Hours Completed: _____
CORI Rec'd: _____
Staff Interviewing _____

Please respond to the following questions. You may use additional sheets of paper as necessary.

1. How did you learn about Safe Passage?

Radio/Newspaper/TV _____ Website _____ Friend _____ Other _____

2. What do you hope to gain from your volunteer experience?

3. Which of your personal strengths will you draw on if working with adults or children in crisis?

4. Which of the following opportunities interest you? (You can rank in order of preference)

- | | |
|--|--|
| <input type="checkbox"/> Working With Children | <input type="checkbox"/> Political Organizing |
| <input type="checkbox"/> Shelter Program | <input type="checkbox"/> Hotline Advocacy |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Counseling and Support |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Fundraising and Development |
| <input type="checkbox"/> Latina Outreach/Support | <input type="checkbox"/> Other: _____ |

5. What special concerns, if any, do you have about working with survivors of relationship or sexual violence and their loved ones?

6. What training do you feel would be most helpful to you in preparing for the challenge of volunteering at Safe Passage?

7. Tell us about any previous community service experience you have.

8. What did you like most and least about your previous community service experiences?

9. Tell us about your special interests, hobbies, groups you belong to, activities you enjoy, etc.

10. Do you speak or write any languages other than English? If so, what is your level of competency?

11. Describe your level of computer literacy.

12. Have you ever received services from Safe Passage (i.e. counseling, stayed in our shelter, etc.)? If yes, please state what type of service was rendered and the approximate date that you received these services.

13. Are you currently under treatment for any kind of chemical dependency? If yes, please explain.

14. Have you ever been arrested for, charged with, or convicted of any crime? If yes, please explain.

15. On a separate sheet of paper please respond to the following questions.

- a) How do you define intimate partner violence?
- b) Please discuss why battering and abuse occurs.
- c) What factors influence someone's ability to stay or leave an abusive partner?



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References

Note to Applicant

Please request a letter of reference from two individuals who know you from different perspectives, such as a peer, community leader or employer. Your recommenders must respond to the specific questions listed below, and return the letter to Safe Passage, or to you in a sealed and signed envelope for submission with your application packet.

Note to Recommender

Safe Passage is an organization committed to ending intimate partner violence and aiding its survivors. As such, we provide comprehensive services to battered women and their children and develop community education programs to address the problem of partner violence. Please respond to the following questions and return to Safe Passage, or to the applicant in a signed and sealed envelope.

1. How long have you known the applicant, and in what capacity?
2. What are the applicant's major strengths and abilities? Please cite specific situations in which these qualities were displayed.
3. What are the applicant's areas for improvement or growth? How might this volunteer experience help the applicant in such areas?
4. Please describe the applicant's leadership potential. What are her/his distinguishing characteristics? Please cite examples (e.g. evidence of involvement in community, integrity, motivation and initiative, ability to relate to others, role in a group setting, etc.).
5. Much of the work our agency does centers directly around crisis. While we maintain a highly supportive work environment that encourages self-care, it can be, nonetheless, very difficult work. Keeping this in mind, please describe the applicant's ability to:
 - a) Work in a high-pressure environment
 - b) Diffuse crisis
 - c) Set professional boundaries
 - d) Care for her/his emotional well-being