

# Program for Torture Victims VOLUNTEER APPLICATION

Date: \_\_\_\_\_

## General Information

Date of Birth: \_\_\_\_\_

Ms/ Mrs/ Mr/ Dr: First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- How did you learn about the Program for Torture Victims?
  
  
  
  
  
  
  
  
  
  
- Why are you interested in volunteering with us?

**Education:** Highest level attained \_\_\_\_\_

Major field(s) \_\_\_\_\_

Specialized training \_\_\_\_\_

**Current Employment:** Agency/Company \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

**Experience:**

**Please list and describe your past work and volunteer experience:**

**Please list any additional experience, certifications, or credentials you think are relevant:**

**Skills, Abilities, Interests:** Please check the areas in which you have skills and abilities.

- |  |   |
|--|---|
| <input type="checkbox"/> Administration        | <input type="checkbox"/> Law                          |
| <input type="checkbox"/> Building maintenance  | <input type="checkbox"/> Music                        |
| <input type="checkbox"/> Computer technology   | <input type="checkbox"/> Nutrition/cooking            |
| <input type="checkbox"/> Crafts                | <input type="checkbox"/> Public relations/development |
| <input type="checkbox"/> Dance                 | <input type="checkbox"/> Science/engineering          |
| <input type="checkbox"/> Education/teaching    | <input type="checkbox"/> Sports/recreation            |
| <input type="checkbox"/> Farming/gardening     | <input type="checkbox"/> Theatre                      |
| <input type="checkbox"/> Health/human services | <input type="checkbox"/> Visual arts                  |
| <input type="checkbox"/> Homemaking/parenting  | <input type="checkbox"/> Writing                      |
| <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Other: _____                 |

**Are there any particular skills you would like to utilize or develop as a volunteer?**

**Please indicate your knowledge of languages other than English.**

**(Knowledge of a second language is not required to volunteer with PTV)**

<b>Language</b>	<b>Level of competency</b>
_____	_____
_____	_____
_____	_____

**At this point, what type of PTV involvement do you think you would prefer?**

- Direct client interaction
- Forms of service that include limited or no client interaction

**General availability for volunteering with PTV:**

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<u>Hours</u>							

**Which hours best suit your schedule?**

- Some daytime hours during the week
- Some evening hours during the week
- Some weekend hours

About how many hours per month would you like to volunteer with PTV? \_\_\_\_\_

**References:**

Please list two people who are not family members, at least one of whom has been responsible for evaluating your work (as an employee, volunteer, or student):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please indicate who should be contacted in case of an emergency:

\_\_\_\_\_

Name Phone

\_\_\_\_\_

Address

**Transportation Information** [Please **bold/circle** yes or no]

**Do you take public transportation?**      Yes   No

**Do you own your car?**                      Yes   No

**Are you volunteering to drive for PTV?**    Yes   No

If YES, you will be asked to submit copies of your Driver's License, Registration, and Car Insurance.

**9. STATEMENT:** [If you are submitting this application via the internet, you may sign this at your interview instead]

*I certify that the information provided in this application is true and correct to the best of my knowledge. I authorize the Program for Torture Victims to contact the references I have listed and verify the information I have provided.*

Signature of applicant : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_