

Volunteer Application

Date: _____



my sister's place

services to empower survivors of domestic violence

Name: _____
Last First

Address: _____
City: _____ State: _____ Zip: _____

Phone (h) _____ (w) _____

E-mail _____

Optional:

Gender: Female _____ Male _____

Race: African American _____ Caucasian _____ Native America _____ Pacific Islander _____ Asian _____
Bi-racial/multi racial _____ Latino _____ Other _____

Where did you hear about My Sister's Place?

Reason for interest in volunteer work at My Sister's Place?

Do you have a special skill, training, or hobby? Yes _____ No _____
If yes, please explain.

Are you able to communicate fluently in any language besides English?
If yes, what language?

Do you have any handicaps or limitations that would affect your mobility, communication, or ability to perform certain tasks? If yes, please explain.

Previous experience in working with families affected by domestic violence or other women's/family issues?

Optional:

If you are a survivor or child witness to domestic violence, would you be interested in speaking about your experiences? Yes _____ No _____

Can you commit to a year of service? Yes____ No____

How many hours per week are you available to volunteer?
Minimum____ Maximum____

What days are you available to volunteer your service? (Please provide times and AM or PM).

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

Which program area(s) are you interested in?
(Please list you top three choices. 1 indicating the most interest and 3 indicating the least.)

Hotline____ Development and Fund Raising____ Administrative____

Children's Program*____ Community Education____

*Note: A child clearance is required for volunteers interested in working with the children's program.

Please provide the names and contact information for (2) references:

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

Thank you for your interest in volunteering at My Sister's Place!!

For additional information or questions, please contact our administrative office at
202/529-5261.

Hotline: 202-529-5991

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www.mysistersplacedc.org