



A Refuge.  
An Advocate.  
A Strong Voice  
Against Domestic  
Violence.

# LA CASA DE LAS MADRES VOLUNTEER & TRAINING APPLICATION

THIS APPLICATION IS 3 PAGES

NAME \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DOES YOUR EMPLOYER HAVE A MATCHING GIFT/INCENTIVE PROGRAM? Yes/No

ARE YOU A STUDENT? Yes/No School and area of study: \_\_\_\_\_

**These questions are for funding purposes and are optional:**

ETHNICITY/RACE \_\_\_\_\_ AGE \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_ FLUENT? Y/N READ/WRITE? Y/N

**RELATED WORK/VOLUNTEER EXPERIENCE**

Organization/ Program	Dates	Duties/Job Title
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

**WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN?**

SHELTER \_\_\_\_ OUTREACH \_\_\_\_ COURT ACCOMPANIMENT \_\_\_\_ CRISIS LINE \_\_\_\_

ADMINISTRATION \_\_\_\_ CHILDREN'S PROGRAM \_\_\_\_ TEEN PROGRAM \_\_\_\_

DOMESTIC VIOLENCE RESPONSE TEAM \_\_\_\_ WRITTEN TRANSLATION \_\_\_\_

OTHER \_\_\_\_\_

**WHY ARE YOU INTERESTED IN VOLUNTEERING?**

**DO YOU HAVE ANY EXPERIENCE WORKING WITH DOMESTIC VIOLENCE VICTIMS?**

**La Casa de las Madres 415-503-0500 www.lacasadelasmadres.org**

1663 Mission Street, Suite 225, San Francisco, CA 94103

Adult Crisis Line 1-877-503-1850 24-hours, toll-free

PLEASE FAX ATTN: VOLUNTEER COORDINATOR FAX 415-503-0301 or email: [Jamie@lacasa.org](mailto:Jamie@lacasa.org)



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**DO YOU HAVE ANY SPECIAL SKILLS THAT YOU WOULD LIKE TO SHARE WITH OUR AGENCY/CLIENTS?**

**HOW DID YOU HEAR ABOUT LA CASA DE LAS MADRES?**

**Reasons for volunteering?**

- School Requirement     Professional Development     Personal     Other

**Will you be a:**

- Volunteer     Intern: will you need supervision for any of the following:  MFT     MSW     BA

**Days/Times available to volunteer:** \_\_\_\_\_

PLEASE LIST TWO PROFESSIONAL REFERENCES with phone numbers and relationship (at least one person who has supervised you in an employment or volunteer position):

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you ever been convicted of a violation of California Penal Code Section 234.4 (a sex offense against a minor) or of any felony which requires registration pursuant to Penal Code Section 290?  Yes     No

If yes, please describe in detail. \_\_\_\_\_

\_\_\_\_\_

In the past ten (10) years have you been convicted of or incarcerated for any other felonies? (Please note that conviction or incarceration will not automatically disqualify you from the volunteer program).  Yes

No

If yes, please describe in detail. \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:**

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- For applicants of the 40 hour training, YOU WILL BE REQUIRED TO COMMIT TO ALL OF THE SCHEDULED TRAINING DATES. They will be available 1 month before the scheduled start.
- Attending La Casa's training DOES NOT certify you as a domestic violence counselor. The training provides a wealth of information. It also provides employees and volunteers of qualified domestic violence shelter-based organizations with the capacity to hold confidential communications.
- La Casa requires 40 hours of completed volunteer work prior to issuing a certificate of training completion. We also offer the 40-hour training course for professional development for a fee.
- Pursuant to California law, prior to beginning volunteer work involving direct interaction with clients, volunteers are required to submit a full set of fingerprints for the purpose of conducting a background check.

La Casa de las Madres is committed to providing equal opportunity to all employment and volunteer applicants.

"I ACKNOWLEDGE RECEIPT OF THE ABOVE INFORMATION. I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF SELECTED FOR THIS VOLUNTEER PROGRAM, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

---

Name

Date

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