

# Indiana Coalition Against Domestic Violence

1915 West 18<sup>th</sup> Street  
Indianapolis, IN 46202  
(317) 917-3685  
317.917.3695 fax

## Volunteer Application

Indiana Coalition Against Domestic Violence seeks volunteers to fill a wide variety of needs. If you are interested in volunteering, please complete this application and return it to ICADV at the above address. Thank you for your interest and support!

### **Please print or type clearly**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

E-Mail \_\_\_\_\_

Are you employed? \_\_\_\_\_ yes \_\_\_\_\_ no

Employer \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ yes \_\_\_\_\_ no

What is the best time to contact you? \_\_\_\_\_

Please answer the following questions as completely as possible. We want to get to know you; please include information that tells us about your experiences (work, school-current and past) and the kind of person you are! All information provided is considered confidential.

How did you learn of the Indiana Coalition Against Domestic Violence?

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Have you ever volunteered before? Where? In what capacity and length?

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Why would you like to volunteer for Indiana Coalition Against Domestic Violence?

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Do you have any physical conditions or facility requirements that we need to be aware of?

Please Describe.

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What is your experience with/ knowledge of domestic violence?

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What areas of volunteering at our organization would best suite your abilities? Please check those that fit your talents, and describe in the space provided.

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| <input type="checkbox"/> Administrative (mailing, stuffing packets, etc) | <input type="checkbox"/> Committee participation<br>(conference committee, membership committee) |
| <input type="checkbox"/> Exhibiting                                      | <input type="checkbox"/> Office Work (filing, invoice organization)                              |
| <input type="checkbox"/> Database Entry                                  | <input type="checkbox"/> Conference (Annual event)   |
| <input type="checkbox"/> Resource Center Assistance                      |  |

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What times/days are you available to volunteer?

	Mornings	Afternoons	Evenings	Variable
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Signature \_\_\_\_\_

Date \_\_\_\_\_