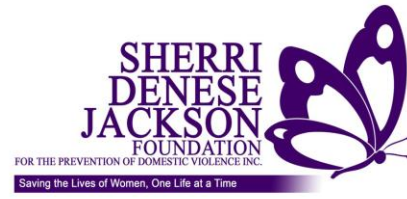


The Sherri Denese Jackson Foundation for The Prevention of Domestic Violence Inc.



Volunteer and Intern Application

Please Print to Complete the Form

Fax it back to 336 510-1499 - Email it to sdjinc@gmail.com or mail 2200-B East Market Street, GSO NC 27401
Ph. 336-510-9292 (Please provide a copy of ID/SS card to complete your application process).

Name: _____ DOB: _____ Social Security No: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Home : _____ Cell: _____
Other Address: _____ City: _____ State: _____ Zip: _____
Emer. Contact: _____ Ph.: _____ Relationship: _____
Driver's License No: _____ State: _____ Marital Status: _____
Do you have your own reliable transportation? _____ Do you have access to internet? _____
Have you ever been convicted of a felony or misdemeanor: _____ Reason: _____

_____ Crimminal Record Check Requested: _____

PLEASE ATTACH UPDATED RESUME' or complete

***** Employment information *****

#1 Employer: _____ From: _____ To: _____
Job Type: _____ Duties: _____
Address: _____ City: _____ State: _____ Zip: _____
If this Employer cannot be contacted, list reason: _____

#2 Employer: _____ From: _____ To: _____
Job Type: _____ Duties: _____
Address: _____ City: _____ State: _____ Zip: _____
If this Employer cannot be contacted, list reason: _____

***** Education information *****

High School: _____ Year graduated: _____ Degree: _____
College/Univ: _____ Year graduated: _____ Degree: _____
Special Training: _____

***** References *****

References, list 2, no relatives please:

Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____

When can you start: _____ How Long: _____ Date/Schedule: _____
_____, _____, _____, _____

(For statistical purposes only)

Are you a victim/survivor/ex- abuser/abuser of domestic violence? _____ How long? _____

Explain: _____

For Interns or Community Service Participants

Are you volunteering to fulfill school or community service requirements? _____

Name of School: _____ City/ State: _____

Professor: _____ Phone: _____

Name of Community Service Agency: _____

Contact Person: _____ Phone: _____

Number of Hours Needed: _____ Start Date: _____ Completion Date: _____

Which volunteer position are you interested in? Check all that apply.

Office Support Fundraising Phone Calls Peer Counseling Legal Advocacy Public Speaking Events Planning Community Advocacy Youth Activities Interpretation/Translation Other: _____

What is your availability?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please answer all of the following questions. Use the back for more space, if needed.

1.) Why are you interested in volunteering at SDJF?

2.) Do you have any professional experience in working with Domestic Violence?

3.) What would you like to gain from your experiences here?

4.) What qualities/experiences would you like to share as a volunteer with SDJF?

5.) What knowledge do you have regarding domestic violence?

6.) What is your native language?

Do you speak any other languages fluently? If so, which ones?

8) Have you ever been arrested? If "yes" then please explain. Circumstances of arrest will determine eligibility for volunteer program.

I certify that answers given herein are true and complete to the best of my knowledge. I also understand that I will be required to have a background check. I also understand I will be require to go through training for domestic violence, before becoming a staff/volunteer.

Signature of Volunteer: _____ Date: _____

I would like to go attend the domestic violence training workshop: Yes _____ or No _____

Office use: Start Date: _____ Time: _____ Instructor: _____ Thank you!