



VOLUNTEER APPLICATION

Date_____

Name:_____

Address:_____

Place of Employment:_____

Home Phone:_____ Cell Phone:_____

E-Mail:_____

Date of Birth:_____

Marital Status:_____

Children:_____

Parish You Reside:_____

High School:_____ College:_____

Have you volunteered for an agency before? Y N

Are you still volunteering there? Y N

If not, why?:_____

Do you have any experience dealing with crisis situations? _____

Please list any hobbies, interest you have: _____

Do you understand that our agency has the responsibility of choosing the best volunteering position for you? Y N

Are you willing to volunteer on the hotline? Y N

Are you willing to volunteer as a hospital escort? Y N

Do you understand that all information in regard to hotline calls, hospital escorts, and court cases are confidential and not to be discussed with anyone other than PHAC staff and the District Attorney Staff? Y N

Many people who work or volunteer in this field are survivors of sexual assault. This field can be emotionally exhausting to work in. It is absolutely crucial that we know if you are a survivor. This information is confidential and will not be shared with anyone.

I am a survivor of sexual assault/abuse. Y N

Please the names and phone numbers of two personal references:
