

EVENT/HOTLINE ADVOCATE VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____

First Name

Middle Initial

Last Name

Gender and pronouns: _____

Birth Date: _____

Home Address: _____

Preferred Phone: _____ Other Phone: _____

Email Address: _____

If you are a student, name of school: _____ Current year: _____

Employer: _____ How Long: _____

Position: _____

How long have you lived in Colorado?

Do you have access to transportation? Y N

Do you have any physical limitation that require accommodation? Y N

Please list any languages you speak fluently other than English: _____

PLEASE, MAKE SURE TO BRING A COPY OF YOUR RESUME TO THE INTERVIEW!

References (2 professional, 1 personal, preferred):

	Name	Phone	Email	Relationship	Years Known
1.					
2.					
3.					

INTERESTS AND TIME COMMITMENT

How did you hear about volunteering with MESA?

Reasons for Volunteering (in brief):

List two major strengths when working with people_____

List two major weaknesses when working with people_____

I'm applying to be a volunteer for the following program:

- 24-hour Hotline Advocate
- Office/Outreach
- Fundraising
- Events

Please, list any anticipated short or long-term absences longer than two weeks:

If volunteering for class credit, are there specific requirements that MHP needs to know about (include contact person)?

Describe your time commitments in a typical week (list number of hours per week you are able to commit and days)

BACKGROUND

Have you ever been terminated or released from a job or volunteer experience? Yes No

If yes, please explain:

Have you ever been convicted of or pled guilty to a criminal offense in a court of law? Yes No

*If yes, please give dates, details and penalties for each occurrence on an attached sheet of paper. A "yes" answer does not automatically remove you from consideration for volunteering for MESA.

1455 Dixon Avenue, Ste. 210
Lafayette, CO 80026
www.movingtoendsexualassault.org



HOTLINE ADVOCATE

Describe any experience you have had providing emotional support to others:

Please check all that apply:

- I will be able to attend the entire 40-hour training.
- I am willing to sign up for a total of 30 hours of shifts each month.
- I will be able to attend two evening meetings per month.
- I understand that I need to have access to a private phone while on call.
- I can and am willing to arrange access to my own transportation while on call.

Please check all that apply:

- Providing general support to MESA office needs, including posting of flyers and reaching out to other organizations, sending letters, making needed calls, compiling databases, etc.
- Providing support on preparing events and attending MESA annual events.
- Providing support with social media.
- Providing support in fundraising activities.

CERTIFICATION

I certify that all information provided on this application is correct.

In consideration of my acceptance of this volunteer position, I, the undersigned, do waive any and all claims for myself and my heirs against Moving to End Sexual Assault (MESA), Mental Health Center of Boulder and Broomfield Counties, Inc., any sponsors or exhibitors, and all officials and volunteers involved in this event for any injury or illness which may directly or indirectly result from my participation with Moving to End Sexual Assault even though their liability may arise out of negligence or carelessness on their part.

Volunteer Signature _____

Date _____