



Volunteer Application

We appreciate your time in completing this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

PLEASE PRINT CLEARLY. Thank you.

General Information

Name: _____ Sex: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Occupation: _____

E-mail: _____ Degree(s) Held: _____

Preferred Contact Method (please circle): Email Phone Call Text Message

Previous Volunteer Experience: _____

How did you become interested in Brave Step and what prompted you to become involved as a volunteer?

When are you available to volunteer (weekdays, weekends, mornings, afternoons, evenings)? Please be as specific as possible.

Please complete this next section if you wish to work directly with guests and clients.

Experience (work, school, volunteer) related to Brave Step work: _____

Have you ever been sexually abused or assaulted? _____*

*If yes, please be prepared to discuss this with the volunteer coordinator and/or clinical director.

Have you, any member of your family or close friend been a client of Brave Step services? _____**

**If yes: when? _____ which services? _____

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

- | | |
|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Selling raffle/event tickets |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Soliciting sponsors/in-kind donations |
| <input type="checkbox"/> Internet research | <input type="checkbox"/> Speak other languages |
| <input type="checkbox"/> Mail-outs | **please list: _____ |
| <input type="checkbox"/> Phone-outs | <input type="checkbox"/> Special events: managing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Special Events: set-up & tear-down |
| <input type="checkbox"/> Proposal writing | <input type="checkbox"/> Special Events: operation |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Training other volunteers |
| <input type="checkbox"/> Publishing, newsletters, posters, etc. | <input type="checkbox"/> Volunteer recruitment |

Other (please specify): _____

Areas of Interest

If possible, please indicate which opportunities you are most interested in:

- Client Support Services
- Courageous Corner (survivor-led support group volunteer, support to clients - evenings)
- Indirect Support Services
- Clerical support
- Special events
- Public education and promotions

References

Please provide two references. One may be a personal or social reference (no family members).

1) Name: _____ Relationship: _____

Mailing address (please include postal code): _____

Daytime telephone number: _____

2) Name: _____ Relationship: _____

Mailing address (please include postal code): _____

Daytime telephone number: _____

Your signature gives the Volunteer Director permission to contact your references.

Signature

Date

Once you have completed this form, please email to volunteer@bravestep.org. Your application will be reviewed and the Volunteer Director will contact you to schedule an interview.