



Volunteer Application

*Thank you for your interest in volunteering with New Beginnings!
Please complete all sections of this application & submit to the Community Engagement
Coordinator.*

First Name

Middle Name

Last Name

Complete Mailing Address

E-mail Address

Phone Number

Emergency Contact Name & Relationship

Emergency Contact Phone Number

Please describe your current occupation (*in school, employed, retired, other*)

How did you hear about New Beginnings?

Google Search

United Way

Volunteermatch

School Program

Referred by someone

Event

Other

Why are you interested in volunteering with New Beginnings?

What drew you to apply to be a volunteer? Is there an aspect of the work of makes you excited?

What experience or education (if any) do you have in the field of domestic violence?

Why is domestic violence an important issue for you?

In your opinion, what's one thing we all could do to better support survivors of domestic violence and reduce the rate of domestic violence?

Please share any previous volunteer experience (in the domestic violence field or other).

What made these volunteer experiences satisfying or dissatisfying for you?

What makes you feel successful as a volunteer?

What (if any) direct service volunteer roles are you interested in? *(Please see Job Descriptions for more information.)*

Helpline Advocate

Legal Clinic Advocate

Support Group Co-Facilitator (Adults)

Prevention & Education Co-Facilitator (Youth)

Childcare

What (if any) support service volunteer roles are you interested in? *(Please see Job Descriptions for more information.)*

Events & Outreach

Fundraising & Development

Administration & Clerical

Landscaping/Gardening

Committee work

Court-Accompaniment

Other

Do you speak another language?

Yes No

Languages spoken:

What is your level of fluency?

Fluent Conversational Key phrases only

VOLUNTEER RELEASE STATEMENT

As a condition of my participation in the New Beginnings Volunteer Program, I hereby release New Beginnings and its agents, associates, and related parties from all responsibility from personal injuries to me and damages to my property sustained in the performance of my volunteer activity. I acknowledge and agree that my volunteer position can be terminated with or without cause. I authorize New Beginnings to solicit information regarding my character, previous employment, and similar background information, including conducting a Washington State Patrol Background check. I also authorize New Beginnings to photograph me during my volunteer tenure. I am also aware that I am covered by Liability & Insurance and must report an injury within 48 hours of any incident.

Signature: _____ Date: _____

NEW BEGINNINGS VOLUNTEER TRAINING AGREEMENT

New Beginnings considers each volunteer a valuable investment. New Beginnings offers a multi-week, 20-26-hour core training on domestic violence to prepare you to provide direct advocacy services. We require a 12-month, up-to 4-hour weekly shift commitment from direct service volunteers. Depending on volunteer openings, volunteers are expected to begin their one-year commitment within one month of completing Volunteer Training. Training participants, such as partnered social service agency employees or community members who will not provide direct service to New Beginnings, will pay the training fee of \$200.00.

Please indicate your agreement: *If matched with a direct service volunteer position, I understand that the multi-week training course for Domestic Violence Comprehensive Training are required in order to provide direct service at New Beginnings. I agree to complete the training and to commit to up to 4 hours of volunteer work per week for 12 months within one month of graduating from the Volunteer Training (depending on available positions) as required in the appropriate job description. In addition, I agree to miss no more than one session during the training series. I understand that completion of the application process does not guarantee a second step or placement as a volunteer. Similarly, completion of the training does not guarantee my preferred volunteer opportunity.*

Signature: _____ Date: _____

BACKGROUND CHECK INFORMATION

Due to the vulnerability of our clients, we require volunteers to submit information to request WA State Patrol Criminal History Information (Background Check). *This is in accordance with the Information Act: RCW 43.43.830-43.43.845.* To complete the check properly, please provide the information below:

Full Legal Name: _____

Alias/Maiden Name(s): _____

Date of Birth: ____/____/____

Sex: _____

Race(s) / Ethnicity(ies): _____

Thank you for taking the time to complete this Volunteer Application for service at New Beginnings! We are so grateful to the people in our community who are eager to empower survivors and to mobilize awareness and action to end domestic violence.

Please email or mail this application to:

Sarah Lewis-Assink
Community Engagement Coordinator

slewisassink@newbegin.org

PO BOX 75125
Seattle, WA 98175-0125
206.926.3016 (office) | 206.706.0291 (fax)

Upon submission of this application, you will receive a response from the Community Engagement Coordinator within 5 business days.

Thank you!