



# 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.*

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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*)

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How did you hear about New Beginnings?

Google Search

United Way

Volunteermatch/Idealist

School Program

Referred by someone

Event

Other

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Why are you interested in volunteering with New Beginnings?

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?

If applicable, 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?

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What (if any) direct service volunteer roles are you interested in\*?

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\*?

Events & Outreach

Fundraising & Development

Administration & Clerical

Landscaping/Gardening

Committee work

Court-Accompaniment

Other

*\*Please note that not all volunteer roles are open at a particular time. Please check our website for updated availability of open volunteer positions and position descriptions.*

What is your volunteer availability? (Please list all dates/times)

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Do you speak another language?

Yes            No

Languages spoken:

What is your level of fluency?

Fluent                      Conversational                      Key phrases only

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**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: \_\_\_\_\_

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**NEW BEGINNINGS VOLUNTEER TRAINING AGREEMENT**

New Beginnings considers each volunteer a valuable investment. New Beginnings requires 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 is 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: \_\_\_\_\_

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**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender/Gender Identity: \_\_\_\_\_

**DIVERSITY & INCLUSION FORM (OPTIONAL)**

New Beginnings is a multicultural agency committed to reflecting in its staff, volunteers, and Board, the diversity of the community we serve. We also have a special commitment to involving survivors of domestic violence within our programs. The following optional questions are included so that we can have a snapshot of our diversity at a given time. Your responses will be kept confidential, and will be viewed only by the Community Engagement Coordinator and Equity Committee. Please use any self-descriptive terms with which you feel most comfortable, and feel free to answer all, some or none of these questions as you deem appropriate:

Gender/Gender Identity: \_\_\_\_\_

Race or Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Have you had any personal experience with domestic violence? \_\_\_\_\_

Is there any other information you would like us to know? \_\_\_\_\_

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](mailto: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!**