

Domestic Violence Speakers Bureau

700 North Tryon Street
Charlotte, NC 28202

704-432-1568

*United Family Services and the Women's Commission
partnering to end domestic violence.*

Application for Volunteer Position

INSTRUCTIONS

Please fill out the application completely.

Fax completed application to: Mike Sexton
DVSB Coordinator
704-336-4198

Or email to: Michael.Sexton@MecklenburgCountyNC.gov

Please call 704-432-1568 with any questions.

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Family
Services

Domestic Violence Speakers Bureau

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Application for Volunteer Position

PERSONAL

Date _____ Volunteer position for which you are applying _____

Name (last) _____ (first) _____ (middle) _____

Social security number _____ Phone number _____

Address _____
(street) (city/state) (zip code)

E-Mail Address (If Available) _____

Are you legally authorized to work in the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, provide details: _____

Can you perform the essential functions of the job or jobs for which you are applying with or without reasonable accommodation? Yes _____ No _____

EDUCATION

High school _____ Location _____

Name of course _____ Year completed _____ Date left _____

College _____ Location _____

Name of course _____ Year completed _____ Date left _____

Degree _____

Graduate school _____ Location _____

Name of course _____ Year completed _____ Date left _____

Degree _____

EXPERIENCE

Give past employment and or volunteer experience, starting with present or last employer. Please list whom to call for job reference or volunteer reference and telephone number.

1. Company/Organization name _____ Immediate supervisor _____

Address _____ Supervisor's phone _____

Employment or volunteer dates _____ Duties performed _____

Reason for leaving _____

2. Company/Organization name _____ Immediate supervisor _____

Address _____ Supervisor's phone _____

Employment or volunteer dates _____ Duties performed _____

Reason for leaving _____

(over)

3. Company/Organization name _____ Immediate supervisor _____
Address _____ Supervisor's phone _____
Employment or volunteer dates _____ Duties performed _____
Reason for leaving _____

4. Company/Organization name _____ Immediate supervisor _____
Address _____ Supervisor's phone _____
Employment or volunteer dates _____ Duties performed _____
Reason for leaving _____

REFERENCES

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

4. Name _____ Phone _____
Address _____

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

1. Organization _____ Office held _____ Dates _____

2. Organization _____ Office held _____ Dates _____

I understand and agree that any volunteer opportunities which subsequently may become effective between the Domestic Violence Speaker's Bureau and the undersigned shall be predicated upon the truthfulness of the statements herein contained, and these statements shall be incorporated in and become part of the condition of my volunteer status. I declare my answers to the questions on this application to be true, and I hereby give the Domestic Violence Speaker's Bureau the right to investigate all references and secure additional information if necessary, prior to and after an offer of any volunteer opportunities. I hereby release from liability or responsibility persons, companies or corporations furnishing such information.

I specifically authorize the Domestic Violence Speaker's Bureau, in considering my application, to complete or cause to be completed State and Federal Criminal, Civil and Sexual Offender records checks. I understand that any offer of volunteer opportunities made by the Domestic Violence Speaker's Bureau is expressly conditioned on those records checks yielding satisfactory results, as determined by United Family Services and the Women's Commission in its sole discretion.

I submit this application with the understanding that proof of my authorization to work in the US must be produced before any volunteer status may be effected.

I understand that the issuance of this application form does not indicate that there are any positions open and does not in any way obligate the Domestic Violence Speaker's Bureau.

If accepted as a volunteer, I agree that I shall commit to a minimum of three (3) speaking engagements.

If I am offered and accept any volunteer opportunities, I agree to conform to the rules and regulations of the Domestic Violence Speaker's Bureau. I understand that if I am offered and accept any volunteer opportunities, my volunteer status can be terminated, with or without cause at any time and for any reason, at the option of either the Domestic Violence Speaker's Bureau or myself. I understand that the Domestic Violence Speaker's Bureau's policies and procedures do not constitute a contract of volunteer status expressed or implied.

If accepted as a volunteer, I agree that I shall not, either during the course of any volunteer opportunity or at any time thereafter, disclose without authorization any confidential information related to United Family Services or the Women's Commission.

Signature of applicant
06/29/11 MS

Date

Domestic Violence Speakers Bureau
Volunteer Agreement

I, _____ agree to volunteer for the Domestic Violence Speakers Bureau and to be held accountable to the terms of this agreement.

I will complete a minimum of nine hours of initial training including; Speaking Basics, Domestic Violence 101, details on programs and services offered by United Family Services (UFS) as well as Community Support Services (CSS) Women's Commission, and practice speaking engagements.

I will provide my introduction and *Why I'm Volunteering* (300 words or less) upon request to assist DVSB Coordinator in determining the best fit for community requests.

I will commit to participate in at least two events per year, whether it is attending to display tables at health fairs or guest speaking at a variety of venues. I will respond to requests by email or voicemail within 72 hours of receipt.

Once committed to an event, I will attend at the specified times including setup and clean-up if requested. If I am unavoidably detained, I will call my back-up or my Team Leader (if applicable) to take my place.

If requested to be a Team Leader on an event, I will commit to arrange the pick up of any needed resources and display materials. I also commit to returning display boards at the appointed dates and times to insure their availability for the next event. The Team Leader also agrees to be prepared to speak if the designated speaker has a last minute emergency.

I commit to represent the programs and services of United Family Services and CSS Women's Commission only. I will not use DVSB events as an opportunity to promote my personal interests. I will not offer my personal contact information including phone numbers, email addresses, etc. at DVSB events.

I will provide feedback (via email) within 48 hours to the DVSB Coordinator regarding attendance, setup, organization, etc. If a community organization requests that I speak to their group (outside of the DVSB), I will also provide all details and pertinent information to the DVSB Coordinator within 48 hours of the request. This insures proper credit is applied for those volunteer hours.

I will attend DVSB Quarterly meetings for program updates and mentoring opportunities. Additional Domestic Violence Speakers Bureau training opportunities will also be offered periodically to help enhance the program.

I commit to advocating to end domestic violence on a personal level by refraining from any direct or indirect participation in or support of any violent act against another person, including physical, sexual or stalking perpetration. I commit to taking an active role toward the safety and well-being of myself and my friends that find themselves in high risk situations, including promoting safety planning and seeking services.

United Family Services and the Women's Commission appreciate your help and commitment to providing community education about domestic violence and the services they provide.

I understand and agree to all of the above terms.

Signature: _____

Print Name: _____

Date: _____



Speakers Bureau Information Form

Name _____

Mailing Address _____

Email Address _____

Phones:

Home _____

Cell _____

Work _____

Completed DV Speakers Bureau training: *(date/year)* _____

Please check the types of engagements you would like to participate in

_____ Monitoring booth at fairs _____ Speaking to groups

Please list the days of the week and times that you prefer to volunteer (ex. "I can generally speak anytime other than Sunday afternoons")

Please describe any geographic limitations or preferences (ex. "I live in South Charlotte and would prefer speaking engagements in that area")

Please check the types of speaking engagements that are most interesting for you

_____ Civic groups _____ Businesses
_____ Faith groups _____ Teens or college
students

If you are a survivor of domestic violence are you willing to tell your story (speak from a survivor perspective)? _____

Is it OK to give out your contact information to other Speaker's Bureau Members? _____

Is it OK to put the group picture in our newsletter and list your name? _____

Why I Volunteer for the Domestic Violence Speakers Bureau

Thank you for providing us your personal thoughts on why you volunteer for the DVSB in 300 words or less.

Please circle any of the following perspectives that apply to your experience.

Advocate **Child Witness** **DV Ministry** **Survivor** **Other:** _____

Name: _____

DVSB Volunteer since: _____

Introduction

Hello. My name is...

I volunteer for the Domestic Violence Speakers Bureau because...

*Please send your completed Why I Volunteer to Mike Sexton,
Community Support Services Women's Commission,
700 North Tryon Street, Charlotte NC 28202
or Fax to 704-336-4198 or email to Michael.Sexton@MecklenburgCountyNC.gov*



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