

**Turningpoint for Victims of  
Domestic & Sexual Violence, Inc.  
Volunteer Application Form**

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you volunteering to fulfill a requirement as a student?    \_\_\_ Yes    \_\_\_ No

    If yes, number of required hours: \_\_\_\_\_

Are you volunteering to fulfill a court or other order?    \_\_\_ Yes    \_\_\_ No

    If yes, number of required hours: \_\_\_\_\_

Your requirement comes from whom? \_\_\_\_\_

Do you have a valid driver's license and current auto insurance? Y/N \_\_\_\_\_

Do you have reliable transportation? Y/N \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**REFERRAL**

Where did you hear about Turningpoint's need for volunteers?

Newspaper/Radio \_\_\_\_\_ Presentation/Staff \_\_\_\_\_ Friend \_\_\_\_\_

Club/Organization (Name) \_\_\_\_\_ Other \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

Please indicate areas of volunteer opportunities in which you would be interested:

*Training is provided for all volunteer duties.*

- |  |  |
|--|--|
| <input type="checkbox"/> Cleaning/Yard Work                | <input type="checkbox"/> Office Work                     |
| <input type="checkbox"/> Sorting Donations                 | <input type="checkbox"/> Work at 2 <sup>nd</sup> Chances |
| <input type="checkbox"/> Childcare Provider                | <input type="checkbox"/> Children's Support Group        |
| <input type="checkbox"/> Phone Advocacy                    | <input type="checkbox"/> Legal/Court Advocacy            |
| <input type="checkbox"/> Community Education/Presentations | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Board Member                      | <input type="checkbox"/> Transporting Clients            |
| <input type="checkbox"/> Fundraising                       | <input type="checkbox"/> Special Projects as Needed      |
| <input type="checkbox"/> Client Advocacy                   | <input type="checkbox"/> Pet Foster Care Program         |

Indicate if you would be willing to be On-Call for:

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Transportation | <input type="checkbox"/> Emergency Child-Care |
| <input type="checkbox"/> Priority office tasks    |   |

Indicate if you would like to be part of the following Annual Events:

- |   |   |
|---|---|
| <input type="checkbox"/> October's Walk to Empower          | <input type="checkbox"/> April's Sexual Assault Awareness month |
| <input type="checkbox"/> April's Pottery for Prevention     | <input type="checkbox"/> April's Take Back the Night            |
| <input type="checkbox"/> April Volunteer/donor Appreciation | <input type="checkbox"/> Kid's Summer Enrichment                |

## PICTURES

Please sign here to allow Turningpoint to take pictures and use the images for the promotion of Turningpoint, its events, and awareness boards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify that all information provided is accurate and current. I give permission for Turningpoint to contact the reference provided.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to:

Turningpoint  
Virginia Castro  
P.O. Box 304  
River Falls, WI 54022

If you have any questions please contact Virginia Castro at:

715-425-6751 ext. 101  
virginiac@turningpoint-wi.org