



Volunteer/Intern Application

Name: _____ Gender Pronouns: _____

Address: _____

Date of Birth: _____ Phone: _____ Email: _____

Emergency Contact: _____ Preferred Contact Phone Email

Name _____ Phone _____

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

If yes, number of required hours _____ Placement Timeframe _____

Do you need to be supervised by a licensed professional? Yes No

If yes, what type of license is required?

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

If yes, number of required hours _____ Required Completion Date: _____

Your requirement comes from whom? _____

Do you have a valid driver's license and current auto insurance? Yes No

Do you have reliable transportation? Yes No

How did you hear about Turningpoint?

Newspaper Staff Friend Club/Organization Social Media Other _____

Please describe previous volunteer experience, roles, and responsibilities:

Why are you interested in volunteering for Turningpoint?

Please indicate your area(s) of interest:

- | | |
|---|---|
| <input type="checkbox"/> Administrative/Office Work | <input type="checkbox"/> Special Projects (as needed) |
| <input type="checkbox"/> Children's Support Group | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Youth/Children's Program |
| <input type="checkbox"/> Client Advocacy | <input type="checkbox"/> Second Chances Thrift Store |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Donation Pick Ups |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Sorting Donations |
| <input type="checkbox"/> Legal/Court Advocacy | <input type="checkbox"/> Sales Floor/Cashier |
| <input type="checkbox"/> Maintenance/Yard Work | <input type="checkbox"/> Workshop |
| | <input type="checkbox"/> Cleaning |

Are you willing to be on call? (For activities such as childcare or priority office tasks) Yes No

Please indicate if you interested in the following annual events:

- | | |
|--|---|
| <input type="checkbox"/> EMPOWERED Women's Half-Marathon | <input type="checkbox"/> Transforming Lives Fundraising Breakfast |
| <input type="checkbox"/> April Sexual Assault Awareness Events | <input type="checkbox"/> Children's Summer Enrichment |

When are you available to volunteer?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How frequently would you like to volunteer? _____

I certify all information provided is accurate and current. I understand submitting an application does not guarantee placement as a volunteer or intern, and the determination of a volunteer or intern assignment is made both by Turningpoint staff and the availability of an appropriate position for me. In turn, I understand submitting an application does not obligate me to become a volunteer with Turningpoint.

Signature

Date

I give Turningpoint for Victims of Domestic and Sexual Victims, Inc. permission to take and use pictures of me for the promotion of Turningpoint programs and services.

Signature

Date

Please return this application (along with your resume and cover letter for internships) to:
amyb@turningpoint-wi.org or fax to 715-425-6908.

This application can also be returned to: VOLUNTEER PROGRAM
Turningpoint for Victims of Domestic and Sexual Violence
117 North Main Street
River Falls, WI 54022

If you have questions, please call: 715-425-6751 ext. 102 or amyb@turningpoint-wi.org

Please complete both sides of application