

**VICTORIA WOMEN'S TRANSITION HOUSE
VOLUNTEER APPLICATION**

Name: _____ **Phone: (home)** _____

Address: _____ **(work)** _____

City: _____ **(mobile)** _____

Postal Code: _____ **May we phone you at work?** _____

Birth Date (optional): _____ **E-mail** _____

Education level, Training or Certifications:

Are you in school? Where? _____

Place of employment: _____

Do you speak, read or write any other language? _____

How did you hear about our volunteer program? _____

What times and days are you available for volunteering? _____

1. Please describe your understanding of the services and programs offered by Victoria Women's Transition House:

2. Which volunteer role(s) interest you the most? Please number in terms of preference.

- _____ **In-House Volunteer**
- _____ **Crisis Line Volunteer**
- _____ **Community Office Volunteer**
- _____ **Special Service. Type of Service: _____**

3. Please describe your understanding of the role(s) you have chosen.

4. At this particular time in your life, what are your reasons for choosing to volunteer at Transition House? What do you hope to gain from this experience?

5. What personal qualities, training, work and volunteer experience do you have that you feel would make you a suitable candidate for this volunteer role and/or that would benefit Transition House?

6. If you are selected for the training, are you able to make the time commitment (see training date schedule)? Do you understand that missing any of the sessions or not successfully completing the required assignments may make you ineligible to become a Volunteer?

7. Upon successful completion of the training, a commitment of one weekly shift is required. As well, you will be asked to attend debriefing and advanced training. In total, you will be required to complete 150 hours for In-House and Community Office volunteers, and 200 hours for Crisis Line volunteers of shifts, which usually takes one year. How will you fit this considerable commitment into your life?

8. What personal experiences have you or your friends and family had with violence and abuse against women?

9. Have you ever used any of the Victoria Women's Transition House's services?

10. What do you expect will be the most difficult for you about volunteering at Transition House if you are accepted?

11. What are your beliefs about feminism and how will they fit with the work of Victoria Women’s Transition House?

12. If you were unable to make the next training session, would you like to be considered for future training sessions?

13. Please provide us with the names of two individuals who would provide a personal, work or volunteering reference for you. They should be someone not related to you.

Name:
Title:
Agency/Company:
(if applicable)
Phone #:
Relation to you:

Name:
Title:
Agency/Company:
(if applicable)
Phone #:
Relation to you:

14. Please send your completed application form to:

dianned@vwth.bc.ca or mail to
Dianne de Champlain, Volunteer Program Coordinator
Victoria Women’s Transition House
100-3060 Cedar Hill Road
Victoria, BC V8T 3J5

Please note that all application information will be kept confidential.

OFFICE USE ONLY	
Outcome:	
_____	IC _____
Training Group:	
_____	Ref. _____
Volunteer Commitment Completion:	
_____	CRC _____