

Sojourn Volunteer Application

PLEASE PRINT LEGIBLY



Thank you for your interest in volunteering at Sojourn! Sojourn's training runs for approximately 10-11 weeks on Tuesday and Thursday evenings from 6:30pm to 9:30pm at a confidential location in Santa Monica. We ask volunteers to attend all training sessions and attend one supervision meeting per month (every second Tuesday, 6:30pm – 8:30pm). Volunteers are asked to complete at least six months of volunteer work before receiving a confirmation attesting to completion of the training and status as a Domestic Violence Counselor per California Evidence Code §1037.1. During the course of the training, all volunteers will submit a live scan (fingerprints) and results of a recent TB test.

Please initial here to indicate that you have read and understood the above paragraph: _____

Contact Information

Name _____ Date _____

Address _____

City _____ Zip Code _____

Phone (Day) _____ (Evening) _____

Email Address _____ Date of Birth _____

Gender F M Trans (M→F) Trans (F→M) Declined

Race / Ethnicity

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Caucasian (White) | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Latino (Hispanic) | <input type="checkbox"/> Native American | <input type="checkbox"/> Declined |
| <input type="checkbox"/> African American (Black) | <input type="checkbox"/> Multi-Ethnic | |

About You

Occupation _____ Language Skills (other than English) _____

1. How did you hear about Sojourn?

2. Have you ever been in an abusive relationship? If so, when?

3. Have you ever been a client of Sojourn? If so, please provide the dates that you received services.

4. Have you ever been a client at any of The People Concern's (OPCC or LAMP Community)?
If so, please provide the dates that you received services.

5. What motivates you to serve as a volunteer in general and at Sojourn in particular? *(Check all that apply)*

- I have personal experience with domestic violence (myself/a family member/a friend/a co-worker).
- I want to do volunteer work, and this program sounded interesting to me.
- I have volunteered at other programs, but feel it is time to change.
- I am volunteering to complete a class assignment
- I am volunteering to fulfill a court-mandated community service requirement.
- Other: _____

6. Do you have any limitations that may affect your ability to volunteer? Explain.

7. Please list any special interests, skills, or hobbies:

8. Have you ever been convicted of any crime involving children? Yes No

9. Have you ever been convicted of a felony? Yes No

Person to Notify in Case of Emergency

Name	
Main Phone	
Alternate Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature _____ Date _____