



Breaking the cycle of domestic violence

Volunteer Application

Return completed form to: info@resolve-roc.org or
RESOLVE, PO Box 21, Fairport, NY 14450

Today's Date: _____

Available Start Date: _____

Please Print Clearly

Full Name: _____ Email: _____

Address: _____ Home Phone: _____

City/ST/Zip: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Emergency Contact & Phone: _____

Preferred Contact Method: _____ Best Time to Contact: Day Eve Wkend

Availability? Periodic/Upon request OR Fixed Time/month - approx. hours/month? _____

Special Skills & Talents: _____

Any Limitations: _____

WORD EXCEL ACCESS DonorSnap

Computer Literacy (specify skills): Network Administration Programmer Web Design

Other : _____

References – Please list three (3) references

Name & Occupation	Mailing Address	Phone Number(s)	Years Known
1.			
2.			
3.			

CONVICTION RECORD STATUS

All volunteers must, as a condition of volunteering, inform RESOLVE of all convictions. This includes all convictions, including all sex-related or child abuse offenses, received within the past seven (7) years, while your status as a volunteer is pending.

Have you been convicted of and/or plead guilty to a felony or misdemeanor in the past seven years? Yes No

If you answered yes and have been convicted of a felony or misdemeanor, please provide additional information, such as the crime(s), date(s), court location(s), sentencing information, disposition of sentence, and rehabilitation completed. Please note that a yes answer to this question does not necessarily disqualify an applicant from volunteering. Factors that will be taken into account include the nature of the conviction as it related to the job applied for, the amount of time that has elapsed since the conviction, and/or completion of sentence, and the seriousness of the offense. RESOLVE reserves the right to reject individuals for volunteering based on volunteering job-related convictions.

Date of Offense	County & State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

AREAS OF INTEREST
(Select all that apply)

AGENCY SUPPORT	CLIENT SUPPORT
<input type="checkbox"/> Board of Directors	Life Skill Trainer/Special Event Offering
<input type="checkbox"/> Committee Service	<input type="checkbox"/> Financial Management
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Health, Wellness, Beauty
<input type="checkbox"/> Community Outreach Committee	<input type="checkbox"/> Career: Resume Writing, Interviewing, Job Search
<input type="checkbox"/> Speakers' Bureau	<input type="checkbox"/> Other:
<input type="checkbox"/> Development/Fundraising Committee	<input type="checkbox"/> Client Mentoring
<input type="checkbox"/> Office Support	<input type="checkbox"/> Client Professional Advisor
<input type="checkbox"/> Copying, printing, mailing or filing	<input type="checkbox"/> Attorney
<input type="checkbox"/> Special projects	<input type="checkbox"/> Court Advocacy, Accompaniment (with training)
<input type="checkbox"/> Website support (editing, search engine opt)	<input type="checkbox"/> Financial Planning/Debt Management/Budgeting
<input type="checkbox"/> Social media	<input type="checkbox"/> Career Coach
<input type="checkbox"/> Facilities support/maintenance	Client Events
<input type="checkbox"/> Other	<input type="checkbox"/> Food donation/prep
<input type="checkbox"/> Support Fundraising Activities	<input type="checkbox"/> Setup and/or Takedown
<input type="checkbox"/> Event/activity planning & coordination	<input type="checkbox"/> Event staff
<input type="checkbox"/> Event staff	
Advisory Committee / Professional Advisors	
<input type="checkbox"/> Attorney (Business issues)	
<input type="checkbox"/> CPA	
<input type="checkbox"/> HR	
<input type="checkbox"/> Computers & Networks	
<input type="checkbox"/> Clinical Supervision	
<input type="checkbox"/> Program/Curriculum Design/Evaluation	

Tell us about yourself (for example: why you chose RESOLVE, interests, passions, anything else):

PLEASE READ CAREFULLY AND SIGN BELOW.

I hereby certify that this *Volunteer Application* was completed by me, and that all information provided is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any material fact may disqualify me from volunteering with RESOLVE.

I authorize RESOLVE to verify all of the information I have provided on this *Volunteer Application* or furnished elsewhere, and to obtain any additional information needed to consider my application for volunteering. I authorize all employers, references, and other persons who have knowledge of me or my records to provide RESOLVE with any and all information pertinent to my volunteering, and release the same from any liability resulting from providing such information. I also release RESOLVE and its employees from all liability for any damage that may result from reliance on the information furnished.

If selected to volunteer at RESOLVE, I understand that I am required to abide by RESOLVE's policies, procedures, rules, and regulations.

Date _____ Signature of Applicant _____

Signature of Parent or Guardian, if applicant is under 18 _____