

LUBBOCK RAPE CRISIS CENTER
VOLUNTEER APPLICATION



Voices of Strength

NAME _____ SEX _____ DOB _____

ADDRESS _____ ZIP _____ PHONE (H) _____

EMPLOYER _____ PHONE (W) _____

EMAIL _____ PHONE (C) _____

PEOPLE WHO WILL ALWAYS KNOW WHERE YOU ARE LIVING:

Name/Relationship	Address	City	State	Zip	Phone
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Name/Relationship	Address	City	State	Zip	Phone
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SPOUSE NAME (if applicable) _____ OCCUPATION _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

DRIVER'S LICENSE # _____ AUTO LIABILITY INSURANCE? YES [] NO []

CAR AVAILABLE FOR VOLUNTEERING? YES [] NO []

EDUCATIONAL BACKGROUND: _____

DO YOU SPEAK, READ OR WRITE SPANISH OR ANY OTHER LANGUAGES? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES [] NO []

IF YES, EXPLAIN _____

HOW DID YOU HEAR ABOUT THE RAPE CRISIS CENTER? _____

AS A VOLUNTEER, WOULD YOU BE WILLING TO TESTIFY IN COURT? YES [] NO []

WHAT HOBBIES/ACTIVITIES DO YOU ENJOY? _____

