



The Center for Empowerment and Education Direct Service Volunteer Application

Thank you for your interest in volunteering at The Center for Empowerment and Education. Please complete the following application to begin the volunteer process. When your completed application is received by the Volunteer Coordinator, you will be scheduled for a personal interview. You will be informed of the sensitive, sometimes challenging nature of sexual assault and domestic violence trauma work. Policies and procedures are reviewed, including ethics, continuing education and confidentiality requirements. During the interview, we will discuss training requirements and schedule expectations.

Personal Information:

Name*

Street Address*

City, State Zip Code*

Phone Number*

Alternate Phone Number

Email*

**Indicates required field*

Date of Birth*

How did you hear about The Center for Empowerment and Education? *

Employer*

Are you bilingual? (indicate language and level of fluency) *

Volunteer Opportunities (please check all areas of interest)*

Crisis Hotline(s): Domestic Violence Sexual Assault Support Group Facilitation Court Advocacy
 Helpline/Clerical Shelter Advocate Fundraising Events Resource Fairs

Questionnaire:

Describe your training and any relevant skills and talents you have: *

What led you to pursue volunteering at The Center for Empowerment and Education? *

**Indicates required field*

What are your greatest strengths and weaknesses? *

Do you have any relevant *personal* history related to Domestic Violence and/or Sexual Assault? *

What do you hope to gain from volunteering at The Center for Empowerment and Education? *

Upon completion of training, do you feel able to make a 6-month commitment of 2 shifts per month? *

Please list any additional relevant volunteer experience:

**Indicates required field*

Educational Information: *

NAME AND ADDRESS OF SCHOOL	DID YOU GRADUATE?	DATES ATTENDED	DEGREE/ MAJOR
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>	FROM: _____ Month/year TO: _____ Month/year	
College	Yes <input type="checkbox"/> No <input type="checkbox"/>	FROM: _____ Month/year TO: _____ Month/year	
Vocational Or Business School	Yes <input type="checkbox"/> No <input type="checkbox"/>	FROM: _____ Month/year TO: _____ Month/year	
Other Courses Or Special Training	Yes <input type="checkbox"/> No <input type="checkbox"/>	FROM: _____ Month/year TO: _____ Month/year	

Please email completed application to: Meri Fidel, Volunteer Coordinator, meri.f@thecenterct.org or mail the application to:
 The Center for Empowerment and Education,
 2 West Street, Danbury CT, 06810 c/o Meri Fidel, Volunteer Coordinator

APPLICATION STATEMENT*

Please read the following statements carefully, as they represent matters of importance to both you and The Center for Empowerment and Education (hereinafter the “Company”) in connection with this application for employment.

I understand and agree that:

1. The information provided in this application, my resume (if supplied) and during my interview(s) is true and complete to the best of my knowledge. Any false or misleading statements on this application, on my resume or in my interview(s) will be sufficient cause of refusal of employment, or if I am hereafter employed by the Company, termination of employment.
2. The Company may verify all of the information that I have provided on this application and I release the Company and its representatives from liability for seeking such information and I release from all liability whatsoever any and all persons, institutions, business entities, and corporations providing the Company such information. I further agree to sign whatever consent forms may be necessary to permit the Company to verify all of the information that I have provided in this application.
3. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no representative of the Company, other than The Center’s Chief Executive Officer has any authority to enter into any agreement for employment for any specified period of time or to make any agreement different from or contrary to the foregoing: any such agreement, if made, shall not be enforceable unless it is in writing and signed by the aforementioned individual.
4. This application will remain current for 90 days. At the conclusion of the 90-day period, if the Company has not then employed me, I understand that I must complete and submit a new application to remain eligible for consideration for employment.
5. The Center for Empowerment and Education is an equal opportunity employment employer and gives equal consideration to all applicants without regard to race, color, religion, sex, age, disability, or such other bases as may be prohibited by law.

Signature of Applicant

Date

References:

Please list two references, including one non-relative:

1. Name and Phone Number*

2. Name and Phone Number*