



PO Box 93145 | Lafayette Louisiana 70509
www.faithhouseacadiana.com
T: 337-232-8954 F: 337-232-2770

Dear Prospective Volunteer:

Thank you for your interest in volunteering at Faith House and becoming an integral part of the movement to support survivors of domestic violence! The steadfast dedication and tireless energy of volunteers sustain the life-saving services of our organization.

We are very excited that you have chosen to volunteer at Faith House and look forward to embarking on this journey with you.

There are abundant volunteer possibilities in both direct and indirect service at Faith House, as you will discover on our website.

In your application, we will ask you to designate if you will initially pursue direct or indirect service. Please note that this does not limit your future avenues of service, but instead helps us to cater the training requirements to your immediate needs. It is also possible that our current agency needs may take precedence in the placement process and your flexibility is appreciated.

In addition, a criminal background check is mandatory for all prospective volunteers. This is a highly confidential process done through your local Parish Sheriff's department. Furthermore, volunteers are required to cover the cost of conducting the background check. If you have questions or concerns regarding this process, please feel free to inquire.

Upon receipt of your completed application, the Volunteer & Special Events Coordinator, Brittany Martinez, will be in touch with you to discuss volunteer opportunities in more detail. In the meantime, you are encouraged to call; (337) 267-9422 ext. 1821 or email brittany@faithhouseacadiana.com, if you have questions or to discuss your interests.

We look forward to receiving your application and commend you on your generous decision to give graciously of your time by helping to support survivors of domestic violence.

In Service,
Faith House



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Volunteer Application

The following information will be kept confidential. **Please type or print legibly.**

Date: _____ Are you under the age of 18? _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

Place of Employment/School: _____ Email Address: _____

How did you learn about Faith House? Why did you choose to apply for a volunteer position with our agency specifically?

How did you become interested in working with survivors of domestic violence?

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What job experience, activist work, professional training or academic coursework do you offer that pertains to the domestic violence field? What additional skills could you contribute to Faith House (e.g., linguistic, technical, artistic, etc.)?

Please describe any previous experiences and assess your comfort level in working with diverse and vulnerable populations.

What programs or volunteer job descriptions appeal most to you at this point in your application?

What will your general availability be (e.g., evenings, daytime, weekends, specific days)?

As a volunteer in shelter, and particularly on the crisis line, we will expect you to provide support and referral information on a wide range of issues including domestic violence and sexual assault, reproductive health, substance abuse recovery, etc. in a manner that is free of political, social and religious bias. Please assess your comfort level in abiding by this policy.

How will you take care of yourself in an intense climate where crisis is an ongoing aspect of the work?

If you or an immediate relative is a survivor of domestic or sexual violence, please describe where you are in your healing process and how you think this will impact you in this work.

What would you like to learn and ultimately accomplish from your volunteer service with Faith House?

Emergency Contact and Medical Information Form

PERSONAL INFORMATION

Employee/Volunteer Name:

Address:

Daytime Phone: Evening Phone:

EMERGENCY CONTACT INFORMATION

Family Member to Contact:

Relationship:

Address:

Daytime Phone:

Evening Phone:

Local Friend/Relative to Contact:

Relationship:

Address:

Daytime Phone:

Evening Phone:

MEDICAL INFORMATION

Medical Insurance Company:

Group/ID Nos.:

Special Medical Needs/Allergies:

Preferred Hospital:
