

Richmond Domestic Violence Court Watch Volunteer Application



Name _____ Date _____

Address _____

E.mail Address _____

Phone Number _____
Home Work

Occupation _____ May we call you at work? _____

Place of Employment _____

Applicable Skills/Training/Education: _____

Prior Volunteer Experience/Other Affiliations: _____

May we contact these organizations? _____ Yes _____ No

If yes, please provide contact person(s) and phone number(s) _____

Do you have access to your own transportation? _____ Yes _____ No

How did you find out about the court watch volunteer program? _____

Why are you interested in volunteering with our program? _____

Can you make a commitment to this program for at least one year? _____ Yes _____ No

If no, please explain: _____

Do you have any interests, skills, or hobbies that you think would be helpful to our program?

References:

Please list three people who know you well and can attest to your character, skills, and dependability (**none of whom are family-related**). Please include **at least one** professional reference.

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

<p>FOR OFFICE USE ONLY</p> <p>Application Received:</p> <p>Notes:</p>
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