



The
CENTER for
VICTIMS of
TORTURE

Volunteer Application

Name

Home telephone #

Street Address

Work telephone #

City, state, zip code

E-mail address

Cell phone #

- Do you accept phone calls at work? ___yes ___no ___emergencies only
- How did you learn about the Center for Victims of Torture?

Current Employer / Job Title

Employer's Address

Education / Highest level completed / Degree

Major field(s)

Other specialized training / education

- Why are you interested in volunteering with the Center for Victims of Torture?

It is important for the Center for Victims of Torture to be able to reassure clients that volunteers at CVT have never advocated violence.

- Have you ever used or advocated violence, or belonged to an organization that did?

Experience

- Please list some of the organizations where you have worked or volunteered, and describe the type of work you did there (feel free to include an extra page or your resume):

- Please describe briefly some of the skills that you have acquired through employment, education, community service, and family and personal experience that you believe will contribute to your effectiveness as a volunteer at CVT:

- Are there any particular skills you would like to utilize or develop as a volunteer?

Areas of Volunteer Interest

Please check volunteer opportunities listed below that interest you:

- Client Services
(e.g., Befriending, English tutoring, Driving, Bus tutoring)
- General office support
- Event planning/ assistance

- Speakers Bureau
- Gardening
- Research
- Facility maintenance
- Writing/ editing/ graphic design
- Technology/ website assistance
- Public policy
- Development/ fundraising

Availability

When would you generally be available to volunteer?

- Some daytime weekday hours
- Some evening weekday hours
- Some weekend hours

When would you definitely *not* be available to volunteer?

References

Please list three people who are not family members, at least one of whom has been responsible for evaluating your work (as an employee, volunteer or student):

1) _____
Name E-mail address

Address Daytime telephone #

Your relationship with this person

2) _____
Name E-mail address

Address Daytime telephone #

Your relationship with this person

3) _____
Name E-mail address

Address Daytime telephone #

Your relationship with this person

I certify that the information provided in this application is true and correct to the best of my knowledge. I authorize the Center for Victims of Torture to contact the references I have listed and verify the information I have provided.

Signature of applicant Date

Please return this form to Beth Wickum, Director of Volunteer Services, via fax at 612-436-2606 or mail to 2356 University Avenue West, Suite 430 / St. Paul, MN 55114