



# Asian Americans for Community Involvement (AACI) Domestic Violence Program Volunteer Application

Please complete and email your application to [dvvolcoordinator@aaci.org](mailto:dvvolcoordinator@aaci.org).

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ DOB (MM/DD): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For volunteers younger than 18, only (include school name and grade): \_\_\_\_\_

\_\_\_\_\_

Academic background: \_\_\_\_\_

Work experience: \_\_\_\_\_

Volunteer/Training/Certification: \_\_\_\_\_

Do you speak any language other than English? If yes, which language?

\_\_\_\_\_

How many hours a week can you volunteer? \_\_\_\_\_

Which day of the week/time of the day are you able to volunteer? \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

References (no family members, preferred somebody you know from another volunteer experience.)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known for: \_\_\_\_\_ years/months Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known for: \_\_\_\_\_ years/months Phone: \_\_\_\_\_

**How did you hear about Asian Women's Home?**

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**What types of volunteer opportunity are you looking for?**

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**Why do you want to volunteer with Asian Women's Home compared to other AACI programs?**

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**Do you have any prior domestic violence experience including personal experience, experiences of your friends, family, or coworkers? If so, please specify:**

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**How would you personally define Domestic Violence?**

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**What particular strengths and special skills will you bring to Asian Women's Home?**

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**What might be your challenges working at Asian Women's Home?**

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**What do you hope to gain from this volunteer experience?**

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**What are your experiences working with people who might have other value systems/ backgrounds such as different religions, ethnicities, and sexual orientations than your own?**

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**Please use this space to share any other information about yourself.**

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\*It is required for all volunteers to submit this application form and complete a face-to-face interview. The interview will help us and you to assess if we are the best opportunity for your interest and skills. All volunteers are also required to go through a background check by a fingerprinting process at their expense of \$10 at the Santa Clara County Sheriff's Office. Locations details provided upon request.

Due to the nature of our program, volunteer applicants who are interested in working directly with shelter residents must meet the following requirements:

- Completion of the CA State-mandated 40-hour Domestic Violence Advocacy Training
- Pass the Live Scan Fingerprinting Background Check
- Submit a negative TB test result

\*Volunteers who complete the training provided by the agency are required to commit to a minimum of 100 hours of volunteer time for a minimum of four hours per week. Without the completion of this requirement, we will be unable to provide you with a reference.

\*Volunteers who do not work directly with domestic violence victims are highly encouraged to, but do not have to complete the California State-mandated 40-hour Domestic Violence Advocacy Training.

I have read, understand, and agree with the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If under 18, signature of Parent or Legal Guardian required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_