



Volunteer Application

*DOVE is committed to serving communities,
families and individuals impacted by domestic violence.
We seek to empower our clients and the community by providing
safety, shelter, education and support services.
By promoting an environment free from abuse, we strive to see
DOmestic Violence Ended.*

Please mail completed application along with a resume to: Volunteer Program c/o DOVE, Inc. P.O. Box 690267, Quincy, MA 02269.

Applicant Information

Name: _____

Date: _____

Current Address: _____

Phone: _____

Cell: _____

Permanent Address

(if different): _____

DOB: _____

Email: _____

Emergency

Contact: _____

Phone: _____

Relationship: _____

General Information (Please attach additional pages if needed)

How did you learn about Dove?

Why are you interested in working in the domestic violence field?

What experience, if any, have you had in the domestic violence field?

What have you enjoyed most about your previous work/ educational/ volunteer experiences in the human service field?

What have you enjoyed least about your previous work/ educational/ volunteer experiences in the human services field?

Why do you think people stay in battering/abusive relationships?

Will you be able to attend weekend or evening trainings?_____

Please indicate which days and the approximate hours you will be available.

Mondays_____ Tuesdays_____ Wednesdays_____
Thursdays_____ Fridays_____ Weekends _____

Additional information we should know or comments:_____

Confidentiality: I agree to keep the agency’s location and all client information and identities confidential.

Perspective Volunteer Signature Date

Mandated Reporting: DOVE, Inc. staff are mandated by the Commonwealth of Massachusetts to report all suspicions of abuse or neglect of children, adults 60 years of age or older, and disabled persons, to the proper authorities. I will report any and all suspicions of abuse or neglect of children, adults 60 years of age or older, and disabled persons to DOVE, Inc. staff immediately.

Perspective Volunteer Signature Date

REMEMBER: COMPLETION OF THE INTERVIEW PROCESS DOES NOT GUARANTEE A SLOT IN THE TRAINING; COMPLETION OF THE TRAINING DOES NOT GUARANTEE YOUR PREFERRED VOLUNTEER OPPORTUNITY.

All of the information that I have given is truthful and accurate to the best of my knowledge. I understand that if information is falsified that my volunteer application may not be accepted or may result in termination of my involvement at DOVE, Inc.

Signature _____ Date _____

Professional References

Please list two professional references that we may contact.

Name: _____
Address: _____

Relationship: _____

Phone: _____
Years Known: _____

Name: _____
Address: _____

Relationship: _____

Phone: _____
Years Known: _____

Personal References

Please list two professional references that we may contact

Name: _____
Address: _____

Relationship: _____

Phone: _____
Years Known: _____

Name: _____
Address: _____

Relationship: _____

Phone: _____
Years Known: _____