



Dear Prospective Volunteers and Interns:

Thank you for your interest in volunteering or interning with Center Against Sexual & Family Violence - **casfv**. You are a special group of individuals who understand the importance of our work in breaking the cycle of violence. Our organization depends on people like you to help us move forward with programs that change lives.

Several community agencies have come together with our **casfv** staff to thoughtfully plan a comprehensive domestic violence and sexual assault training program for our volunteers and interns. Due to the nature of the services **casfv** provides, we adhere to very stringent confidentiality and security policies and take extreme care in screening our applicants. In light of these procedures our training is mandatory and we require each of our volunteers to commit consistent service to our organization for a term no shorter than **one-year or 120 total hours, in addition to training requirements**. This time commitment can be arranged to fit your schedule. All candidates must follow the application process outlined below.

### Application

All areas must be complete. **Incomplete applications cannot be processed, which will result in a delayed response.** By accepting this application packet, you release **casfv** from providing reason(s) for non-acceptance.

- **resume** – each intern must submit a resume with their application
- **personal references** – list two personal references on your application
- **schedule** - please give a tentative schedule, and **casfv** will try to accommodate your needs
- **criminal background check** – this page **must be notarized** in order for the criminal background investigation to be processed; a **casfv** staff member can notarize it for you if necessary; volunteers cannot have any felony or misdemeanor convictions on their record within the previous five years; **assault charges at any point in time, of any kind, are unacceptable and volunteer/intern placement will be denied**, because of the types of services **casfv** provides

**Due to casfv's limited budget, volunteers and interns must pay a \$3.00 fee for the background check. Please make check or money order payable to the Center Against Sexual & Family Violence. We also accept cash.**

### Interview(s)

Volunteers, interns, and **casfv** employees are all screened in the same way. Once the background check has been completed, potential volunteers will be contacted and interviewed by the Volunteer Coordinator. Interns will follow the same process **and** complete an additional interview with their potential supervisor.

### Acceptance

Volunteers and interns who have been accepted will be notified via phone or email.

### Training

All direct-service volunteers and interns are required to attend a training session **before** they begin working with clients. **BECAUSE CLIENT NEEDS ARE CASFV'S MAIN PRIORITY, NO EXCEPTIONS WILL BE MADE.** On occasion, a volunteer or intern will be invited to training before all necessary paperwork has been completed. In such an instance, an invitation to **casfv** training **does not** necessarily mean acceptance as a volunteer, the interview process must still be followed.

Please feel free to contact us with any questions or concerns at 593-1000, extension 407 or visit us online at [www.casfv.org](http://www.casfv.org). Once again, thank you for your interest in helping us champion our survivors as they continue to learn that with hope they become mighty.

**Please return this form by mail to:**  
**Center Against Sexual & Family Violence - casfv**  
**Volunteer Services**  
**P.O. Box 26219**  
**El Paso, TX 79926**  
**or stop by our office at:**  
**580 Giles**  
**El Paso, TX 79915**



## volunteer & internship application

date of application: \_\_\_\_\_

please check one of the following:

**volunteer**

**intern**

number of hours required: \_\_\_\_\_

school: \_\_\_\_\_ area of study/degree: \_\_\_\_\_

start date: \_\_\_\_\_ end date: \_\_\_\_\_

last name first name middle name birthday (month/day)

street address city state zip code

mailing address (only if different from above)

home phone # work phone # mobile phone #

email address

current employer years/months with current employer

employer street address city state zip code

supervisor's name and phone number

name of emergency contact relation

home phone # work phone # mobile phone #

### demographics

the following questions are for statistical purposes only  
please check one for each category that follows:

**sex**  **female**  **male**

**ethnicity**  white  hispanic  african-american  asian-american  other \_\_\_\_\_

**age**  18-24  25-36  37-48  49-64  65 and over



## volunteer & internship application

please answer the following questions *truthfully*. being a former client will **not** disqualify you from being considered for a volunteer or intern position with Center Against Sexual & Family Violence, **casfv**.

have you ever been a volunteer, intern, or client with **casfv**? if so, when?

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do you have any personal or professional experience with domestic violence or sexual assault? if yes, please explain.

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have you held any other volunteer positions with other agencies, schools, or civic organizations? \_\_\_\_\_

what were your duties? \_\_\_\_\_

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why do you want to volunteer with the **casfv**? please be *specific*. \_\_\_\_\_

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please check all areas of interest

<input type="checkbox"/> adult education	<input type="checkbox"/> mentor
<input type="checkbox"/> advocacy/counseling services	<input type="checkbox"/> photography
<input type="checkbox"/> clerical/office support/mailling lists	<input type="checkbox"/> public speaking/presentations
<input type="checkbox"/> computers/computer graphics	<input type="checkbox"/> repairs/maintenance
<input type="checkbox"/> event organization	<input type="checkbox"/> retail
<input type="checkbox"/> foreign language(s)	<input type="checkbox"/> special events
<input type="checkbox"/> fundraising	<input type="checkbox"/> special projects
<input type="checkbox"/> group co-facilitator	<input type="checkbox"/> tutor
<input type="checkbox"/> crisis hopeline operator	<input type="checkbox"/> hospital accompaniment
<input type="checkbox"/> intake	<input type="checkbox"/> other
<input type="checkbox"/> journalism/newspaper production	specify: _____

please check **casfv** department(s) of interest

- administration   
  battering intervention & prevention program (bipp)   
  community education & outreach  
 family resource center   
  crisis hopeline   
  next to nuevo (resale)   
  emergency shelter  
 transitional living center   
  youth services   
  sexual assault services



## volunteer & internship application

are you volunteering to fulfill school or community service requirements?  no  yes if so, how many hours? \_\_\_\_\_

what is the time frame for completing your hours? between (date) \_\_\_\_\_ and \_\_\_\_\_ (date)

what school are you attending? \_\_\_\_\_

who is your professor? \_\_\_\_\_ class? \_\_\_\_\_

contact number(s): \_\_\_\_\_ email: \_\_\_\_\_

**please provide a tentative schedule for volunteering. typically, volunteers should try to complete 10 hours each month. casfv will try to accommodate your needs.**

sunday	monday	tuesday	wednesday	thursday	friday	saturday

do you have any personal or professional experience with domestic violence or sexual assault? please explain.

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what do you hope to gain from volunteering or interning with **casfv**?

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what hobbies, interests or special training do you have that would make you an asset to **casfv**?

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from time to time victims need to remove their pets from danger. **casfv** cannot provide adequate shelter for all animals. would you be able and willing to foster a dog or cat for a victim for some time (between two weeks and three months or more)? Please mention what type of pet you would be willing to foster, if any.

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Please list 2 personal references (not related to you) who can speak to your character, work habits or former volunteer work.

1. \_\_\_\_\_  
name address phone #

2. \_\_\_\_\_  
name address phone #



**THIS FORM MUST BE NOTARIZED TO BE PROCESSED  
Criminal Background Check**

I hereby authorize the Center Against Sexual & Family Violence, Inc. (**casfv**) to conduct a criminal background check. I understand that the information gained by this check will be shared only with the Texas Department of Human Services and **casfv**.

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

Print Full Name: \_\_\_\_\_  
                                    First                                    Middle                                    Nickname/Alias                                    Last                                    Maiden

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License State and #: \_\_\_\_\_

If you do not have a Social Security number please include the following information:  
Passport #: \_\_\_\_\_ Alien Card #: \_\_\_\_\_

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Father's Last Name

I certify that the information listed above contains no willful misrepresentation and that the information given is true and complete. I understand that misrepresentation or failure to provide this information will be cause for immediate termination.

State of Texas, County of El Paso  
Sworn and subscribed to, before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name of Notary Public

My Commission Expires: \_\_\_\_\_

**Please attach check or money order for \$3.00 made payable  
to Center Against Sexual & Family Violence. We also accept cash.**



## Statement of Confidentiality

1. I understand that all information about the Center Against Sexual & Family Violence, Inc. (**casfv**) clients is confidential. I will not discuss any client or client-related matter (i.e., name, address, phone number, occupation, etc.) with anyone outside of **casfv** staff, including family.
2. I understand that I am not to give out the address of the shelter or bring friends or family to the shelter unless they are working in an approved capacity for **casfv**.
3. I understand that all of the above mentioned conditions apply to me while I am volunteering and/or interning with **casfv** and continue to be binding after my current working relationship with **casfv** ends.

I have read and understand the above mentioned information. Failure to honor this statement may result in possible prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness (**casfv** Staff Member)