



# VOLUNTEER/ INTERNSHIP APPLICATION

Welcome! Thank you for your interest in volunteering with EVE, Inc. The sensitive nature of our work necessitates that we ask questions of a personal nature. We also need this information in order to make appropriate job assignments so that you will enjoy your work with us and we can accommodate any special needs or concerns that you may have. All information on this application is confidential. PLEASE PRINT CLEARLY.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: home/\_\_\_\_\_ work/\_\_\_\_\_ cell/\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to contact me: \_\_\_\_\_  
Are you 18 or older? \_\_\_\_\_

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I would like to volunteer/intern for EVE, Inc. because . . .

Can you commit a minimum of 4 hours per week for at least 6 months?

In what area(s) would you prefer to volunteer at EVE, Inc.?

(For detailed position descriptions visit [www.eveinc.org](http://www.eveinc.org))

- |   |   |
|---|---|
| <input type="checkbox"/> Advocacy/Client Support    | <input type="checkbox"/> PPO Office             |
| <input type="checkbox"/> Children's Program         | <input type="checkbox"/> Public Speaking        |
| <input type="checkbox"/> Community Education        | <input type="checkbox"/> Shelter                |
| <input type="checkbox"/> Dating Violence Prevention | <input type="checkbox"/> Technology Support     |
| <input type="checkbox"/> Fund Development           | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Grant Writing              |   |
| <input type="checkbox"/> Office Support             |   |

\*If you checked transportation, please write out your driver's license # and the name of insurance provider:

Have you had any previous volunteer experiences? YES NO  
If yes, where did you volunteer? Describe responsibilities:

Are you currently enrolled in a College/University Program? YES NO  
Are you interested in an internship? YES NO

How did you hear about volunteering at EVE, Inc.?



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Do you speak a language other than English? YES NO

If yes, please list:

Are you currently receiving services from EVE, Inc.? YES NO

Have you received services from EVE, Inc. in the past? YES NO

Do you take any medication that could affect your work? YES NO

Do you have any special needs that require accommodations? YES NO

If yes, please describe accommodations needed:

Please describe any personal or professional experience you have had with domestic violence:

Describe any special qualifications or experiences you would like us to consider:

EVE, Inc. is sensitive to the fact that women are often victimized by the legal system, especially women from battering relationships. Answering yes to the following questions will not automatically disqualify you as a potential volunteer.

Have you ever been convicted of a felony, or do you have charges pending?

If so, please describe:

Have you ever been involved with or been investigated by Child Protective Services?

If so, please describe:

References: (Name and phone #)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Application Checklist:**

EVE, Inc. Volunteer Application (2 pages)

Criminal Background Check Form

Questions for Prospective Volunteers Form

Resume (when available)

Return Completed Application to: **EVE, Inc.**

**ATTN: Community Relations Coordinator**

**P.O. Box 14149**

**Lansing, MI 48901**

## Questions for Prospective Volunteers

Please answer the following questions to the best of your ability. These questions were designed to gauge your knowledge and understanding of the dynamics of domestic violence.

1. What might be some of the reasons a battered woman would stay with or return to her abusive partner?
2. What kind of special problems might a battered woman who is a lesbian face?
3. Have you ever been physically or sexually assaulted by an intimate partner, acquaintance or stranger?  
If yes, how does that experience effect you now?
4. Have you ever physically or sexually assaulted anyone?
5. How do you handle conflicts with other people?

6. Have you had any experience with an alcohol or drug problem? (Your own, family members, friends, co-workers, etc.)  
If yes, how might that affect your work at the shelter?
  
7. EVE, Inc. expects mothers to refrain from spanking and verbal abuse of children. What would you do if you witnessed a mother spanking her child?
  
  
  
  
  
  
  
  
  
  
8. You walk into the dining room where several women are talking; making crude remarks about another woman, they suspect to be a lesbian. A white woman overhearing the conversations says, "You black bitches ought to go back to Africa!" What might you do in this situation?
  
  
  
  
  
  
  
  
  
  
9. During a staff meeting, it is mentioned that a resident has asked for a ride because she is not familiar with the Lansing buses. A staff member criticizes the resident for not being resourceful enough to figure out how to use the buses. Please address this situation.
  
  
  
  
  
  
  
  
  
  
10. What do you hope to learn from this work/volunteer experience?



EVE, Inc.  
Authorization to Check Criminal Record

I, \_\_\_\_\_ (name) hereby authorize EVE, Inc. (AKA Council Against Domestic Assault) to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law-enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Previous Last Name(s) (if applicable) \_\_\_\_\_  
Social Security Number or Identification Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
State of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Agency: EVE Inc.  
PO Box 14149  
Lansing, Michigan 48901

Authorizing Agent: Mary Jo Wheeler, Office Manager