



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.

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

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

Can you commit a minimum of 8 hours per week? YES NO

In what area(s) would you prefer to volunteer at EVE, Inc.? Please rank in order of priority.
(For detailed position descriptions visit 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 | |

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.?



VOLUNTEER/INTERNSHIP APPLICATION

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. _____

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?

****Please only share what you feel comfortable with. You don't need to disclose anything if you do not want to!****

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 (End Violent Encounters) Authorization to Check Criminal Record

I, _____ (print name) hereby authorize EVE to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal violations. This information will include but not be limited to allegations and convictions for any 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. Unless otherwise indicated below, If I have lived or resided outside of the State of Michigan during the past ten (10) years, I agree that I have never been convicted of a felony or identified as a perpetrator. I agree to provide EVE with information regarding any felony conviction I have received outside the State of Michigan.

Signed: _____ Date: _____

Please provide information about any felony convictions you have received over the past 10 years.

Date of Felony Conviction: _____ State of Felony Conviction: _____

Type of Felony Conviction: _____

Details: _____

To obtain an accurate record, it is important that we properly identify you within our system. To do so, we must gather some more information about you. The information you provide below will not be used to determine whether you are accepted for employment, volunteer or internship opportunities.

Previous Last Name(s) if applicable: _____

Date of Birth: _____ Age: _____ Sex: _____