

**Domestic Violence Services, Inc.**  
*Serving Umatilla and Morrow Counties since 1977*



P.O. Box 152, Pendleton, OR 97801

Phone: 541-276-3322 ~ Fax: 541-276-8958

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last, First, Middle Initial

\_\_\_\_\_  
 Street Address City ST Zip

\_\_\_\_\_  
 E-Mail address

\_\_\_\_\_  
 Employer/School Name/Address City ST Zip

\_\_\_\_\_  
 Home phone Cell phone Employer phone  
 May we contact you at work: Yes  No

In the event of emergency please contact:

\_\_\_\_\_  
 Name Phone Number Relationship

List two non-family references:

\_\_\_\_\_  
 Name Phone Number Title/Position held/Relationship

\_\_\_\_\_  
 Name Phone Number Title/Position held/Relationship

Answer the following questions by checking the appropriate answer

Do you use illegal drugs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been charged with neglect, abuse, or assault? (if yes, date) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your driver's license ever been suspended/revoked in any state?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered "yes" to any of the above questions, please attach a written explanation	

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VOLUNTEER OPPORTUNITIES FOR PENDLETON AND HERMISTON

What days are you available?

ANY  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

What times are you available? \_\_\_\_\_

Do you have an area of interest?

**Direct Service**

(Training Provide)

- Crisis Line
- Volunteer Recruitment
- Domestic/Sexual Assault Advocate
- Support Group Facilitator
- Bilingual Support
  - Language \_\_\_\_\_
- Transportation for Clients
- Create Projects/Classes for Client
- Life Skills

**Indirect Service**

(DVS Overview Provided)

- Fundraising Events
- Reception/Clerical
- Yard Work
- Supply Drives
- Special Projects
- Janitorial (cleaning)
- Maintenance (repairs)
- Board of Directors (additional app)
- Fundraising Committee

Outline skills, knowledge, or experience you can contribute:

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Education, Certificates, Licenses:

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Other volunteer services you may like to donate would include:

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Do you have any limitations we need to be aware of?

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Experience, skills, and/or education in Domestic Violence, Sexual Assault, Stalking, Elder Abuse:

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Have you been involved and/or have past experience with Domestic Violence? YES  NO  **If yes:**

How long ago: \_\_\_\_\_ Relationship:  Survivor  Family  Friend  Co-worker

**\*\*Because of the trauma involved in our services, Domestic Violence Services, Inc. requires that all volunteers have been free of Domestic Violence for at least 1 year.\*\***

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**Please read before signing:**

I understand that:

- I give permission to Domestic Violence Services, Inc. to verify my information and to make inquiry of others concerning my suitability to act as a volunteer.
- In the course of volunteering for Domestic Violence Services, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest of confidence.
- I agree to keep any and all such information in strict confidence including names or descriptions of clients.
- I agree to keep the location of the DVS shelters confidential.
- I understand that breach of confidentiality on my part could endanger someone's life.
- The relationship between Domestic Violence Service, Inc. and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Domestic Violence Services, Inc.
- Direct service volunteers will be required to have a background check.
- I understand there is no smoking or vaping of any kind allowed on Domestic Violence Services, Inc. property, to include; cigarettes, marijuana (medical or recreational), or any other substances.

I affirm that I have read the above and that the information I have given is true and complete.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

- I grant Domestic Violence Services, Inc. permission to use my likeness, voice, and words in television, radio, film, or any form to promote activities of Domestic Violence Services, Inc.

When complete there are several ways to send it to us:

Mail: PO Box 152, Pendleton, OR 97801

Email Volunteer Coordinator: education@dvs-or.org

In person: 1103 SE Court Pl., Pendleton, OR 97801

**Office Use Only**

Background Check complete

Vehicle Insurance verified & on record

DL/ID verified/viewed

Driver's License on record

Only needed if using vehicle for DVS business: (A copy will be kept on record)

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Vehicle Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Conclusion:  ELIGIBLE -

INELIGIBLE

DIRECT SERVICE -  Mandatory Reporter

INDIRECT SERVICE

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_