



27 Congress Street, Suite 204
Salem MA, 01970

Phone (978)-744-8552
Fax (978)-745-6886
24-hour hotline (800) 547-1649
www.hawcdv.org

Volunteer Application

Date: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____

Email: (print) _____

Preferred Gender Pronoun: She He They Ze/Zir Other: _____

Why are you interested in volunteering at HAWC?

Volunteering Interest: *Please indicate your MAIN area of interest for volunteering.*

- Administrative Support**
- Fundraising Support**
- Hotline Advocate*
- Court Advocate*
- Community Awareness & Outreach**
- Community Advocate*
- Childcare**
- Other: _____

Can you commit to a minimum of 4 hours a month for 6 months? YES NO

*Can you commit to a 33-hour required training? YES NO
(Trainings are typically held in the evening and on Saturdays)

**Can you commit to a 3-hour required training? YES NO
(Trainings are typically held on weekday evenings)

What times are you commonly available to volunteer? *Please circle all that apply.*

Weekday:	8:00am-1:00-pm	1:00pm-5:30PM	5:30pm-11:00pm	M, T, W, Th, F
Weekend:	8:00am-1:00-pm	1:00pm-5:30PM	5:30pm-11:00pm	Sat Sun

Are there any accommodations HAWC should know about to best meet your needs?



27 Congress Street, Suite 204
Salem MA, 01970

Phone (978)-744-8552
Fax (978)-745-6886
24-hour hotline (800) 547-1649
www.hawcdv.org

Academic Information

For internships or academic requirements please attach information you have about internship or academic requirements.

School: _____

Graduation Date: _____

Field of Study: _____

My volunteering is a requirement by my school: YES
NO

Hours Required: _____

What are some of your special skills?

- | | |
|---------------------------------------|---|
| <input type="radio"/> Advocacy | <input type="radio"/> Blogging/Writing |
| <input type="radio"/> Event Planning | <input type="radio"/> Workshop Facilitation |
| <input type="radio"/> Public Speaking | <input type="radio"/> Other: _____ |
| <input type="radio"/> Bilingual | |
- Languages: _____

Where else have you volunteered and what was your role?

An important part of HAWC's mission is to understand the impact of domestic violence on survivors and the how the roles of oppression and privilege perpetuate cycles of abuse in our society. Please answer the following questions to the best of your ability.

How would you define domestic violence?

Why do you think partner abuse/domestic violence occurs?



27 Congress Street, Suite 204
Salem MA, 01970

Phone (978)-744-8552
Fax (978)-745-6886
24-hour hotline (800) 547-1649
www.hawcdv.org

How has domestic violence affected your life?

How would you define oppression?

How would you define privilege?

How would you define crisis intervention?

Reference: (colleague, peer, advisor, employer)

Name:

Phone:

Relationship:



27 Congress Street, Suite 204
Salem MA, 01970

Phone (978)-744-8552
Fax (978)-745-6886
24-hour hotline (800) 547-1649
www.hawcdv.org

Guidelines for new volunteers at HAWC

Volunteering at HAWC is a rewarding experience that brings all those involved into contact with the incredible strength and inspiration of survivors on almost every shift or speaking engagement. Those experiences are also often crisis situations that can be unpredictable and emotionally challenging for volunteers.

Many HAWC volunteers have a personal connection to issues of domestic violence often creating a strong sense of commitment to the cause. Volunteering at HAWC can be a wonderful experience for people, when the time is right for them.

How will I know if this is the right time for me to volunteer at HAWC?

1. It has been at least 1 year since you became personally connected to this issue.
2. It has been at least 1 year since you have stopped receiving HAWC services (legal advocacy, hotline, group or individual counseling).
3. You receive counseling now, or have in the past, but do not feel a sense of crisis in your everyday life.
4. You are not currently struggling with substance use.
5. You have a strong support system in place.
6. You feel 100% ready to be a HAWC volunteer.

The Commonwealth of Massachusetts requires us to perform criminal record checks (CORI) on all incoming volunteers and interns. CORI checks are submitted at the time of an applicant's interview. A finding does not necessarily disqualify someone from acceptance.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application shall be grounds for disqualification.

Signature of Applicant: _____ Date: _____

Completed applications can be emailed to volunteer@hawcdv.org or mailed to the Salem Office.