

Bluff Country Family Resources
114 Main Street (PO Box 294) Hokah, MN 55941
Phone (507) 894-2676 FAX (507) 894-2678
www.bluffcountry.org

VOLUNTEER APPLICATION

NAME: _____ BIRTHDATE: _____

ADDRESS: _____
Street City/State ZIP

HOME PHONE/CELL: _____ E-MAIL: _____

OCCUPATION/ EDUCATIONAL BACKGROUND:

1. Why are you interested in volunteering? _____

2. What characteristics or experience do you have that will aid you in doing advocacy? _____

3. Can you make a twelve-month commitment? _____

4. What type of volunteer work are you interested in:

BCFR Board Member _____

Housing _____

Advocacy/Victim support _____

Public Speaking _____

Fundraising _____

Clerical _____

Family Mentoring _____

Landscaping _____

Other _____

5. What do you think are the causes of Domestic Violence? _____

6. Is there ever a time that it is appropriate for anyone to be slapped or abused? _____

7. What do you think are the causes of sexual assault? _____

8. Please list 3 personal references:

9. Have you ever been charged or convicted with domestic violence, sexual violence, or child abuse? If yes, please list dates and explain.

10. Please use the space below for additional comments or any information that you feel you should share with us before you volunteering.

Have you ever been charged or convicted with domestic violence, sexual violence, or child abuse? If yes, please list dates and explain.

For office use only:

Received: _____

Interview Date: _____