

Volunteer Application
Violence Intervention Project, Inc.
1405 Division Street
Office: 920-487-2111
Fax: 920-487-2110
vipvolcoor@vipadvocates.net

Personal Information

Name:

Date:

Home Address:

City, State, ZIP:

Home Phone:

Other Phone:

E-mail Address:

Emergency Contact Person: Name, Phone:

1.

2.

References: Name and Phone Number: (Direct Client Services Only)

1.

2.

3.

Do you agree to have your picture taken while volunteering? Yes _____ No _____

Do you agree to have your name published for recognition? Yes _____ No _____

How do you prefer your recognition?

Public ___ Private ___ Appreciation meal ___ It doesn't matter ___

Please turn sheet over to complete application.

Please indicate your volunteer interests.

Direct Client Services:

- Helpline
- Board
- Childcare/Support group assistant
- Office work (shredding, filing, database entry)
 - Cleaning
 - Organizing supply rooms
- Maintenance at our office
 - Renovations/painting
 - Landscaping/yard work
- Court Watch
- Operation Warm
- Adult Mentor to Teens
- Pet Transportation

Non-Direct Client Services:

- Committees
 - Sexual Assault Awareness
 - Teen Dating Violence Awareness
 - Domestic Violence Awareness
 - Child Abuse Awareness
 - Fundraising
 - Marketing
- Events
 - Stamp Out Violence
 - Smokehouse Jamboree
 - Golf Outing
 - Poker Run
 - Distributing Flyers/posters

By signing this application, you agree that all information is correct and up to date.

PRINT NAME

DATE

SIGNATURE

DATE