

### **Available Volunteer/Intern Positions:**

Volunteers at Transitions Family Violence Services serve the agency in a wide variety of ways including:

**Hotline Advocate Team**– Provide crisis intervention, shelter screening, and information/referrals to clients accessing the 24-hour crisis line. Bilingual (in any language) encouraged.

**Housing Advocate Team**-Assist case managers in offering supportive services and helping clients set and achieve their goals.

**Children’s Advocate Team** – Facilitate playgroups and recreational activities, homework assistance, positive interaction and creative play for children and youth residing in the shelter. This program also includes implementing primary prevention programming in local schools and community centers.

**Office Assistant**– Volunteer opportunities for clerical work are abundant and include data input, assisting with general mailings, and assembling packets.

**Volunteer Advisory Committee** – Planning and participating in events such as Domestic Violence Awareness Month special events, holiday programs (Gift of Peace), and fundraisers. Committee members will also manage the volunteer recognition program and assist with the e-newsletter.

**Community Education Team** – Assist in educating the community about the issue of domestic violence and how community members can get involved in ending violence in our community

**Court Advocate Team** – Assist clients in filing for a domestic violence protective order, accompanying a survivor to court, works closely with Victim Witness staff in Hampton and Newport News courts. Bilingual in Spanish encouraged.

**Development, Marketing, and Events (DME) Team**- Assist in coordinating events that increase Transitions’ visibility in the community. Plan and oversee the set-up, production and clean-up of agency event(s). Develop relationships and work with donors to generate funds and sponsorships to support programming. Oversee all marketing aspects of advertising and promotion needs for events and activities. Design of marketing materials: signage, flyers, ticketing, programs and catalogues.

**Board Committee Team**—serving on a Board subcommittee to support the Board of Directors in their stewardship of the agency.

### **ADDITIONAL REQUIREMENTS:**

Must complete the 40- hour training as required by state certification boards.

### **SUPERVISION:**

Volunteers work under supervision by the Volunteer and Engagement manager, or a team lead depending on the program, following established agency policies and procedures. Participate in a cooperative evaluation process.

**QUALIFICATIONS:** Ability to communicate with compassion and empathy. Volunteers must be patient, nonjudgmental and able to demonstrate sensitivity to the cultural/ethnic diversity of the client base. Must maintain client confidentiality at all times. Please see *Volunteer/Intern Descriptions* for a complete list of qualifications.

### **Volunteer Training Qualifications**

Because of the nature and intensity of the training program, applicants must meet the following minimum qualifications:

- Applicants must have an interest in assisting domestic violence survivors and significant others.
- Applicants must be 18 years of age.
- Sexual assault and domestic violence survivors must be emotionally ready to assist other survivors, be no less than two years past their own assault/abuse experience, and preferably have received some counseling or therapy.
- Volunteer Applicants must complete and pay for a criminal background check.
  - Applicants must be able to attend **all** training sessions.
  - Volunteer applicants must be able to attend mandatory monthly in-service meetings.

- Volunteer applicants must commit to 6 months of volunteer service
- Volunteer/Intern must be available during shift times listed for positions

Transitions staff reserves the right to refuse enrollment to anyone whom they feel is not suitable to the program.

I have read and understand the qualifications listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transitions Volunteer Application**

**Date:** \_\_\_\_\_

Mr.  Miss  Mrs.  Dr. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Street City, State Zip code

**Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Best time to call:** \_\_\_\_\_ **Is it all right to call you at work?** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **Last four digits of Social Security #:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Does your company offer matching gifts?**  Yes  No  I do not know

**How did you hear about Transitions Family Violence Services? (Check all that apply)**

- Website  Co-worker/Friend  School  Employee  Community Education Event
- Online search (please specify site) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Interests: What volunteer opportunities interest you the most? (Check all that apply)**

- Office Support  24-Hour Hotline Worker
- Development, Marketing, and Events (DME) Team  Children's Program Committee
- Legal Advocacy  Volunteer
- Community Education Team Advisory

**Availability:**

Approximately how many hours would you like to volunteer? \_\_\_\_ hrs/week \_\_\_\_ hrs/month

What days would you like to volunteer? \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ SA \_\_\_\_ SU

What time would you like to volunteer? Morning \_\_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_

Are you available for the shift times listed for the position you are applying for?  Yes  No

List any restrictions, which might impact your availability to volunteer (i.e. family, work, or school)

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***Volunteer Experience:***

**Please indicate your current or prior volunteer involvement. Include the level of involvement, i.e., board, committee/secretary, taskforce, etc. and dates.**

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Name of Group/Organization	Position	Dates
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Name of Group/Organization	Position	Dates
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Name of Group/Organization	Position	
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1.) What motivates you to serve as a volunteer with Transitions Family Violence Services?

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2.) Are you fluent in any other languages (besides English)? Please tell us your level of verbal and written proficiency.

3.) Please tell us about other special skills, training, and/or experience that you have to offer as a volunteer with Transitions.

4.) Would you be willing to make a 6-month commitment to Transitions? \_\_\_\_\_

5.) Will you consent to a background check? \_\_\_\_\_

6.) Have you ever been convicted of a felony? \_\_\_\_\_

7.) Could you attend mandatory monthly department meetings? \_\_\_\_\_

8.) Can you commit to attending a 40-hour Domestic Violence Training Session? \_\_\_\_\_

9.) Do you have any special needs our agency should be aware of to accommodate your needs?

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10.) List five words that describe you: \_\_\_\_\_

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11.) What do you feel are your strengths and weaknesses in doing this work?  
What skills do you bring and what concerns do you anticipate?

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**References**

Please list three people who are not related to you and have known you for at least one year to serve as a reference.

Name Phone ( ) Relation

Name Phone ( ) Relation

Name Phone ( ) Relation

***Authorization:***

I authorize Transitions Family Violence Services to have access to my school and employment records to verify any statements contained in this application. In addition, I authorize the Commonwealth of Virginia State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by Transitions Family Violence Services.

To the best of my knowledge, the information included in this application is correct.

Thank you for your interest in volunteering with Transitions Family Violence Services. It is the ongoing support and commitment of volunteers that help us to mission: To build safe and healthy families on the Virginia peninsula.

Your signature

Date

**Please return completed application to:**

Transitions Family Violence Services

Attn: Jasmine Nelson

PO BOX 561

Hampton, Virginia 23669

Or Fax: 757-723-2717

[jnelson@transitionsfvs.org](mailto:jnelson@transitionsfvs.org)