Volunteer Application

This form provides PREVAIL staff with an overview of your interests and available time. It will be used to identify potential volunteers for various activities. PREVAIL truly appreciates the thousands of hours donated by our community members each year. If interested in working with our clients, complete the Victim Assistance Training (VAT) portion. (*All volunteers working with clients as peer counselors/advocates must apply for and maintain their Victim Assistance Certification).*

Section 1: GENERAL VOLUNTEER INFORMATION

Full Name _____ Date of Birth_____

Address _____

Phone Number_____Email_____

Are you 18 years of age or older? ☐ YES ☐ NO

SECTION 2: VOLUNTEER TYPE

☐ Individual Volunteer
☐ Group Volunteer

If applying as a group:

☐ Organization/Group Name: _____
☐ Group Contact Person: _____
☐ Group Contact Phone: _____
☐ Group Contact Email: _____
☐ Estimated Number of Volunteers: _____

SECTION 3: VOLUNTEER INTERESTS

Indirect Service Opportunities:

☐ Donation Sorting & Organization
☐ Administrative Support
☐ Event Support
☐ Fundraising Activities
☐ Other: _____
☐ Facility Beautification
☐ Special Projects
☐ Graphic Design / Marketing
☐ Professional Services

Direct Service Opportunities *(completion of section 5 required):*

☐ Youth related services
☐ Adult survivor services
☐ Shelter Support
☐ Crisis line support
☐ On call support
☐ Other: _____

SECTION 4: AVAILIBILITY & GENERAL INFORAMATION

Times Available – **Please provide your available times during the week:**

Day	Early AM 7:30 – 9:30 am	Late AM 9:30 am - Noon	Lunch 12:00 – 1:00 pm	Early PM 1:00 – 3:00 pm	Late PM 3:00 – 5:00 pm	Evenings 5:00 – 9:00 pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Have you ever been a PREVAIL Client? ☐ YES ☐ NO if so, when _____/_____(month/year of last contact)

Languages Spoken:

☐ English ☐ Spanish ☐ Other: _____

Emergency Contacts Information:

Emergency Contact Name:_____ Relationship:_____

Phone number:_____ Alternate Phone Number:_____

SECTION 5: DIRECT SERVICE VOLUNTEER CERTIFICATION (Required for Direct Services Applicants)

Employment History: (List of most recent employers first)

Employer_____ Date of Employment: From_____ To_____

Address_____ City_____ Zip_____

Employer_____ Date of Employment: From_____ To_____

Address_____ City_____ Zip_____

Employer_____ Date of Employment: From_____ To_____

Address_____ City_____ Zip_____

Previous Volunteer Experiences:

Organization_____ Date of Volunteer Service: From_____ To_____

Address_____ City_____ Zip_____

Position/Duties_____

Organization_____ Date of Volunteer Service: From_____ To_____

Address_____ City_____ Zip_____

Position/Duties_____

Education and Training:

High School _____ Did you Graduate? ☐ YES ☐ NO Number of Years Completed_____

GED _____ Did you Graduate? ☐ YES ☐ NO Number of Years Completed_____

College _____Did you Graduate? ☐ YES ☐ NO Number of Years Completed_____

Degree_____ Major_____ Other_____

Additional Information

How did you learn about PREVAIL, and what is your motivation for volunteering here?

Will you commit to ongoing training? ☐ YES ☐ NO

Restrictions affecting availability:_____

CONFIDENTIALITY AGREEMENT

As a volunteer with PREVAIL, I understand that I may have access to confidential, private, or sensitive information regarding clients, survivors, staff, volunteers, donors, community partners, and organizational operations.

I agree to maintain confidentiality, protect the privacy and dignity of clients and staff, refrain from sharing confidential information, and understand that confidentiality obligations continue even after volunteer service ends. Violation of confidentiality may result in termination of volunteer privileges and other consequences as applicable.

LIABILITY WAIVER

I understand that volunteering may involve certain risks, including but not limited to physical activity, travel, lifting, event participation, and interaction with the public. I voluntarily assume all risks associated with my participation and release PREVAIL, its officers, directors, employees, and volunteers from liability for injuries or damages resulting from my volunteer activities, except where prohibited by law.

PHOTO & MEDIA RELEASE

I grant PREVAIL permission to photograph, videotape, or otherwise record my participation in volunteer activities and to use such images or recordings for educational, promotional, fundraising, social media, website, print, and public relations

purposes without compensation.

☐ I authorize PREVAIL to use my image and likeness.

☐ I do NOT authorize PREVAIL to use my image and likeness.

EQUAL OPPORTUNITY VOLUNTEER STATEMENT

PREVAIL is committed to providing equal volunteer opportunities to all qualified individuals in accordance with applicable California and federal laws. Volunteer applicants and volunteers will not be discriminated against on the basis of race, color, ancestry, national origin, citizenship, religion, creed, sex, gender, gender identity, gender expression, sexual orientation, age, marital status, military or veteran status, physical or mental disability, medical condition, genetic information, or any other characteristic protected by law.

Volunteer placement decisions are based on organizational needs, volunteer qualifications, availability, and the ability to perform the essential functions of the volunteer role, with or without reasonable accommodation where required by law.

RELEASE & ACKNOWLEDGMENT

I certify that the information provided is true and complete. I understand that volunteer positions may require orientation, training, interviews, reference checks, and/or background screening. I understand that volunteering with PREVAIL does not create an employment relationship. I acknowledge that I have read and understand PREVAIL's Equal Opportunity Volunteer Statement.

Please email completed form to HR@prevailca.org

Volunteer Name: _____

Signature: _____

Date: ____ / ____ / _____