



# Victim Assistance Training (VAT) Application

Return application to  
**Women's Center-Youth & Family Services**  
 620 N San Joaquin Street, Stockton, CA 95202  
 Phone: (209) 941-2611 | Fax: (209) 941-4963

Women's Center-Youth & Family Services (WCYFS) is committed to providing the best services to victims of domestic violence, sexual assault and homeless/runaway youth, and making a volunteer's work with the center rewarding. Prior to providing services to clients, volunteers are required to complete the VAT and our mentoring process.

Name \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If you are employed, may we contact your employer?  Yes  No

Do you speak a second language?  Yes  No

If so, which language(s) do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**Times Available:** Please check all 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						

Do you have transportation?  YES  NO



**References:** Provide two people, not related to you, whom you have known for a minimum of two years.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Have you ever been a WCYFS Client?  YES  NO if so, when \_\_\_\_ / \_\_\_\_ (month/year of last contact)

**EDUCATIONAL BACKGROUND: (Check which areas of education you have completed)**

High School: \_\_\_\_\_ GED: \_\_\_\_\_ College: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Courses: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE(S): List most recent volunteer experience first**

Organization \_\_\_\_\_ Date of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position/Duties \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Organization \_\_\_\_\_ Date(s) of volunteer service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position/Duties \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**EMPLOYMENT HISTORY: List most recent employment first**

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position/Duties \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_



Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position/Duties \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**ADDITIONAL INFORMATION:**

How did you learn about the Women's Center-YFS, and what is your motivation for volunteering here?

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Will you commit yourself to any ongoing training that is requested of you?  Yes  No

Are you willing to ask for advice and open-minded to advice given to you by WCYFS Staff?  Yes  No

Please list any restrictions that might affect your availability for volunteer work \_\_\_\_\_

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How does our volunteer program fit your own goals? \_\_\_\_\_

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**VOLUNTEER OPPORTUNITIES**

I am interested in the following areas. This list is intended to provide a general overview of Direct Service Volunteer opportunities available within our agency.

<p><b><u>DOMESTIC VIOLENCE</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Presentations</li> <li><input type="checkbox"/> In-person Peer Counseling</li> <li><input type="checkbox"/> Facilitating Support Groups             <ul style="list-style-type: none"> <li><input type="checkbox"/> DAWN House</li> <li><input type="checkbox"/> Serenity House</li> </ul> </li> <li><input type="checkbox"/> Domestic Violence Crisis Line</li> </ul>	<p><b><u>SEXUAL ASSAULT</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In-person Peer Counseling             <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital Response</li> </ul> </li> <li><input type="checkbox"/> Children's Counseling Programs</li> <li><input type="checkbox"/> Facilitation support groups</li> <li><input type="checkbox"/> Sexual Assault Help Line</li> <li><input type="checkbox"/> Education &amp; Prevention Presentations</li> </ul>	<p><b><u>YOUTH SERVICES</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Community Education Presentations             <ul style="list-style-type: none"> <li><input type="checkbox"/> Youth Crisis Line</li> </ul> </li> <li><input type="checkbox"/> Community Outreach Events             <ul style="list-style-type: none"> <li><input type="checkbox"/> Safe/Opportunity House</li> <li><input type="checkbox"/> Youth Drop In Center</li> <li><input type="checkbox"/> Comprehensive Youth Outreach/Early Intervention Services</li> </ul> </li> </ul>
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**RESOURCES**



I have access to the following resources that would benefit Women's Center-YFS. (Check all that apply)

- Building and Maintenance Supplies (paint, landscaping, laborers, etc.)
- Toys and Children's Materials
- Desktop Publishing/Computer Skills/Software
- Products or services that would benefit Women's Center-YFS staff, clients or operations
- Other-please explain \_\_\_\_\_

I would most like to assist the Women's Center-YFS in the following activities. (Check all that apply)

- Committees
- Sort and Deliver donations

Please provide any other information you feel would be valuable to Women's Center-YFS in matching your skills, time, and interests with volunteer opportunities.

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