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**65-Hour DV/SA Training Application**

**Volunteer**

**Other**

**CONTACT INFORMATION**

Name:       Address:

Phone:       Email:

**EDUCATION**

College:       City:       Major:       Graduation:

Graduate School:       City:            Major:            Graduation:

Other:       City:            Major:            Graduation:

**EMPLOYMENT**

Employer:       Title:      Hours:

Affiliations:        
*(Academic, Business, Civic, Faith-based, etc…)*

**LANGUAGE/SKILLS**

Language:       Speak Read Write

Language:       Speak Read Write

Language:       Speak Read Write

Child Development

Tutoring

Media (Video, Photography)

Web/Graphic Design/IT

Public/Media Relations

Public Speaking

Event Planning

Financial Literacy

Health/Meditation

Art/Music

Other Skills:

**QUALIFICATIONS**

How did you hear about CPAF?

Why do you want to volunteer with CPAF?

Do you have any prior experience working with issues of domestic violence and sexual assault?

**SURVIVORS**

Many of us are drawn to this work because we are ourselves survivors of domestic violence and/or sexual assault. While interning with CPAF may be a healthy part of survivor’s healing process, it could also be triggering and elicit intense feelings. For this reason we believe that psychological well-being and self-care should be priorities for anyone engaged in this field –survivor or not.

Are you a survivor of domestic violence and/or sexual assault?\* Yes No

*\* Your application is confidential and you do not have to disclose any information that you feel uncomfortable sharing.*

If your answer is “Yes”, is it okay if we disclose that you are survivor to staff with which you will be working directly so that they can provide you with the proper support? Yes No

**REFERENCES**

|  |  |
| --- | --- |
| **Name** |  |
| Relationship |  |
| Telephone |  |
| Email |  |
| Address |  |

|  |  |
| --- | --- |
| **Name** |  |
| Relationship |  |
| Telephone |  |
| Email |  |
| Address |  |

Do you object to CPAF checking with the appropriate authorities for matters of public record regarding your background or history?\* Yes No

*\*CPAF reserves that right to check with appropriate authorities for matters of public record regarding your background or history. Any past convictions of a felony or misdemeanor should be made known.*

**OUR POLICY**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

**FEES (65-HOUR DV/SA TRAINING)**

**Volunteers:**

There is a materials fee of $25. In order to receive the Certificate of Completion for the 65-Hour DV/SA Training, volunteers must complete the full training and an additional 100 hours of volunteer work within our agency.

A Live Scan and TB test are required to volunteer and we ask that volunteers cover the cost. If any of this is a financial hardship, please don’t hesitate to contact our Volunteer Coordinator.

**Other:**

For service providers or those for those who do not wish to volunteer, there is a fee of $350 for the training and state certification. For community partners, the fee is waived.

**APPLICATION SUBMISSION**

Thank you for completing this application form and for your interest in volunteering and/or attending our 65-Hour DV/SA Training. All information will be kept confidential.

Please send your application (via email, fax, or postal mail) to:

Meg Cheng-Rodriguez, Volunteer Coordinator Email: [megc@cpaf.info](mailto:megc@cpaf.info)  
Center for the Pacific Asian Family Tel: (323) 653-4045 ext. 338  
543 N. Fairfax Avenue, Suite 108, Los Angeles, CA 90036 Fax: (323) 933-9808