



CONTACT INFORMATION

Name: _____ Email: _____ Mobile: _____
Address: _____ City: _____ State: _____ Zip: _____

EDUCATION/EMPLOYMENT

College: _____ City: _____ Major: _____ Graduation: _____
Graduate School: _____ City: _____ Major: _____ Graduation: _____
Employer: _____ Title: _____ Hours: _____

Affiliations: _____
(Academic, Business, Civic, Faith-based, etc...)

SKILLS

Language: _____ Speak Read Write
 Child Development Media (Video, Photography, etc..) Public/Media Relations Financial Literacy
 Tutoring Web/Graphic Design/IT Public Speaking Health/Meditation
 Event Planning Art/Music

Other Skills: _____

INTERESTS

Tell us in which program(s) you are interested in volunteering.

Direct Services

- Crisis Hotline Intervention
- In-Person Language Interpretation
- Women’s Program
- Children’s Program

Non-Direct Services

- Community Outreach
- Telephone Language Interpretation
- Fundraising

Why are you interested in becoming a CPAF volunteer?

AVAILABILITY

During which hours are you available for volunteer assignments?

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Times: Morning Afternoon Evening Other: _____

I understand that I must participate in a state certified 65 Hour Training for Domestic Violence & Sexual Assault in order to volunteer with the Center for the Pacific Asian Family. Initials: _____

How did you hear about CPAF?

QUALIFICATIONS

What special skills and qualifications do you have that might help support our work?

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

SURVIVORS

Many of us are drawn to this work because we are ourselves survivors of domestic violence and/or sexual assault. While volunteering with CPAF may be a healthy part of a 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

Note: 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 a 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	
Street Address	
Name	
Relationship	
Telephone	
Email	
Street Address	

Do you object to CPAF checking with the appropriate authorities for matters of public record regarding your background or history?

CPAF reserves the 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 before volunteering

Yes No

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.

Thank you for completing this application form and for your interest in volunteering with us. All information will be kept confidential. Please send the application (via email, fax, or postal mail) to:

Marilyn Tran, Outreach & Education Coordinator
Center for the Pacific Asian Family
543 N. Fairfax Avenue, Suite 108, Los Angeles, CA 90036

Email: marilynt@cpaf.info
Tel: (323) 653-4045 ext. 321
Fax: (323) 933-9808