



Polk County River Place
2309 Euclid Avenue
Des Moines, IA 50310
Phone: 515-286-3600
Fax: 515-286-2032

VOLUNTEER/INTERN APPLICATION FORM

Date: _____

Name: _____

Address: _____
(Please include zip code)

Home Phone: _____ Cell Phone: _____

Email: _____

Work Phone: _____ Best time to call: _____

Date of Birth: _____

Drivers License or Social Security Number: _____

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

The estimated time for starting your volunteer/internship hours with PCCAS is 4-6 weeks. During this time background checks are performed and the mandated Iowa Code 20 Hour Sexual Assault and Crisis Intervention Training is arranged by you and the Volunteer Coordinator to be completed.

Please initial here that you are aware of the above _____

VOLUNTEER OPPORTUNITIES (Check all that applies):

- | | |
|---|--|
| <input type="checkbox"/> Volunteer Advocate | <input type="checkbox"/> Employer Wellness Education |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Special Events Coordination |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Newsletter Editor/Contributor |
| <input type="checkbox"/> Internship Program | |

Why are you interested in volunteering for Polk County Crisis and Advocacy Services?

What are the skills that you would bring to such a position?

What are some concerns that you would bring to such a position?

AVAILABILITY:

At what times are you interested in volunteering?

I am flexible Weekdays Evenings Weekends

Other _____

Please specify times that you cannot do volunteer work _____

REFERENCES:

How did you hear about us? Website Advertisement Client or agency

Referred by friend or volunteer Other _____

List name, address, zip code and phone numbers of three references (two must be previous employers or volunteer agencies)

Name: _____ Phone: _____

Complete address: _____

Email Address: _____

Name: _____ Phone: _____

Complete address: _____

Email Address: _____

Name: _____ Phone: _____

Complete address: _____

Email Address: _____

POLK COUNTY CRISIS & ADVOCACY SERVICES CONFIDENTIALITY POLICY

Services provided to clients of Polk County Crisis and Advocacy Services shall be confidential. No disclosure of any information regarding any client may be made outside the agency (and its designated cooperating agencies) without the written consent of the client.

I, _____ have read the confidentiality policy for Polk County Crisis & Advocacy Services and will abide by it.

Signature of applicant

Date

Please return your application to the address below. If you have any questions, please call us at (515) 286-3600.

Polk County Crisis and Advocacy Services
2309 Euclid Avenue
Des Moines, Iowa 50310

CRIMINAL CHECKS WILL BE DONE

I, _____
do hereby authorize any criminal justice agency with access
to my criminal history files to release information on any
criminal conviction to the Polk County Attorney's Office.

Polk County Crisis and Advocacy Services is a division of the Polk County Department of Community, Family and Youth Services that provides assistance to victims of personal crime in Polk County regardless of race, gender, age, ethnicity, disability or religion.