



Domestic Violence Speakers Bureau

A community partnership between Community Support Services and Safe Alliance.

VOLUNTEER APPLICATION

READ FIRST: Applying for the DVSB requires a background check. You will be required to consent to the background check. Speakers Bureau volunteers are diverse with diverse backgrounds, and having a history does not necessarily exclude someone from becoming a member. We welcome anyone who wishes to help educate others on domestic violence to apply.

Email completed application to: CSSPrevention@MecklenburgCountyNC.gov.

Questions can be directed to:

Alex Pyun
Violence Prevention Supervisor
Community Support Services
Prevention and Intervention Services

CSSPrevention@MecklenburgCountyNC.gov

704-621-5464



Application for Domestic Violence Speakers Bureau Member

Today's Date:

PERSONAL INFORMATION

NAME:

First Middle Last

SOCIAL SECURITY NUMBER:

PHONE NUMBER: Is this number: Home Cell Work

ADDRESS:

(street) (city/state) (zip code)

EMAIL ADDRESS:

CONSENT INFORMATION

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, provide details:

Can you perform the essential functions of the job or jobs for which you are applying with or without reasonable accommodation? Yes No

EDUCATION

High school:

City/State:

Year completed

Graduated? Yes No

College/University:

City/State:

Year completed

Graduated? Yes No

Graduate School:

City/State:

Year completed:

Graduated? Yes No

Graduate School:

City/State:

Year completed:

Graduated? Yes No

WORK HISTORY

Give past employment and or volunteer experience, starting with present or last employer. Please list whom to call for job reference or volunteer reference and telephone number.

1. Company/Organization name:

Immediate supervisor:

Company Address:

Supervisor's phone:

Employment or volunteer dates:

Duties performed:

Reason for leaving:

2. Company/Organization name:

Immediate supervisor:

Company Address:

Supervisor's phone:

Employment or volunteer dates:

Duties performed:

Reason for leaving:

3. Company/Organization name:

Immediate supervisor:

Company Address:

Supervisor's phone:

Employment or volunteer dates:

Duties performed:

Reason for leaving:

REFERENCES:

1. Name:

Phone:

Email:

2. Name:

Phone:

Email:

3. Name:

Phone:

Email:

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

1. Organization:

Position held:

Dates:

2. Organization:

Position held:

Dates:

3. Organization:

Position held:

Dates:

AGREEMENT/CONSENT TO BACKGROUND CHECK

I, _____, understand and agree that any volunteer opportunities which
(Name of Applicant)
subsequently may become effective between the Domestic Violence Speaker's Bureau and the undersigned shall be predicated upon the truthfulness of the statements herein contained, and these statements shall be incorporated in and become part of the condition of my volunteer status. I declare my answers to the questions on this application to be true, and I hereby give the Domestic Violence Speaker's Bureau the right to investigate all references and secure additional information if necessary, prior to and after an offer of any volunteer opportunities. I hereby release from liability or responsibility persons, companies or corporations furnishing such information.

I specifically authorize the Domestic Violence Speaker's Bureau, in considering my application, to complete or cause to be completed State and Federal Criminal, Civil and Sexual Offender records checks. I understand that any offer of volunteer opportunities made by the Domestic Violence Speaker's Bureau is expressly conditioned on those records checks yielding satisfactory results, as determined by Safe Alliance and Community Support Services in its sole discretion.

I submit this application with the understanding that proof of my authorization to work in the U S must be produced before any volunteer status may be effected.

I understand that the issuance of this application form does not indicate that there are any positions open and does not in any way obligate the Domestic Violence Speaker's Bureau.

If I am offered and accept any volunteer opportunities, I agree to conform to the rules and regulations of the Domestic Violence Speaker's Bureau. I understand that if I am offered and accept any volunteer opportunities, my volunteer status can be terminated, with or without cause at any time and for any reason, at the option of either the Domestic Violence Speaker's Bureau or myself. I understand that the Domestic Violence Speaker's Bureau's policies and procedures do not constitute a contract of volunteer status expressed or implied.

If accepted as a volunteer, I agree that I shall not, during the course of any volunteer opportunity or at any time thereafter, disclose without authorization any confidential information related to Safe Alliance and Community Support Services.

Signature of Applicant

Date

Thank you for your interest in joining the Domestic Violence Speakers Bureau

