

COUNCIL ON DOMESTIC ABUSE, INC.

VOLUNTEER/INTERN APPLICATION

It is the practice of the Council on Domestic Abuse, Inc. (CODA) to recruit, hire, promote, train, and provide services to persons based upon their individual qualifications or needs meeting established criteria. The Council on Domestic Abuse, Inc. does not discriminate on the basis of sex, race, age, national origin, sexual orientation, religion, disability, or veteran status.

The services of the Council on Domestic Abuse, Inc. are non-sectarian in nature and religious activities are not included in the services performed.

The Council on Domestic Abuse, Inc. is a non-profit 501-C-3 corporation and is funded through a variety of sources including Indiana Criminal Justice Institute and the U.S. Department of Justice, Office of Violence Against Women, U.S. Department of Housing and Urban Development, Wabash Valley United Way, fundraising, and community contributions.

We are a partner agency of the Wabash Valley United Way, a provider agency of the Indiana Coalition Against Domestic Violence, a provider agency of the Indiana Coalition Against Sexual Assault, a member agency of the Indiana Latino Coalition Against Domestic Violence & Sexual Assault, and a member of the Wabash Valley Homeless Coalition.



C.O.D.A. VOLUNTEER APPLICATION (page 2)

EXPERIENCE

ARE YOU A HOMEMAKER? _____
ARE YOU RETIRED? FROM WHERE? _____
ARE YOU A STUDENT? WHERE? _____

EMPLOYMENT

CURRENT OCCUPATION

JOB TITLE: _____ EMPLOYER: _____
JOB DUTIES: _____
DAYS & TIMES CURRENTLY WORKING: _____
START DATE: _____

PAST OCCUPATION #1

JOB TITLE: _____ EMPLOYER: _____
JOB DUTIES: _____
START DATE: _____ TERMINATION DATE: _____
REASON FOR LEAVING: _____

PAST OCCUPATION #2

JOB TITLE: _____ EMPLOYER: _____
JOB DUTIES: _____
START DATE: _____ TERMINATION DATE: _____
REASON FOR LEAVING: _____

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A G.E.D.? _____
IF NO, WHAT IS THE HIGHEST LEVEL OF EDUCATION COMPLETED? _____

PLEASE LIST OTHER COLLEGE, TRADE, AND PROFESSIONAL SCHOOL EDUCATION:
SCHOOL COURSE OF STUDY FROM TO DEGREE RECEIVED

VOLUNTEER EXPERIENCE

AGENCY VOLUNTEER POSITION START DATE END DATE

C.O.D.A. VOLUNTEER APPLICATION (page 3)

PLEASE ASSESS THE SKILLS YOU HAVE THAT WILL BENEFIT THIS AGENCY. INCLUDE GENERAL AS WELL AS SPECIAL (RESEARCH, CLERICAL, ACTIVITIES SUCH AS CRAFTS THAT COULD BE SHARED WITH RESIDENTS, ETC.) SKILLS:

WHY ARE YOU INTERESTED IN BECOMING A VOLUNTEER AT C.O.D.A.? _____

HAVE YOU EXPERIENCED DOMESTIC VIOLENCE OR KNOWN ANYONE WHO HAS EXPERIENCED DOMESTIC VIOLENCE? IF YES, PLEASE DESCRIBE AND INDICATE WHEN THE RELATIONSHIP ENDED OR IF IT IS STILL OCCURRING: _____

WHAT IS YOUR PERCEPTION OF DOMESTIC VIOLENCE? _____

WHAT REACTIONS DO YOU HAVE ABOUT INDIVIDUALS WHO ABUSE THEIR LOVED ONES? _____

WHAT DO YOU THINK OF A PERSON THAT CHOOSES TO REMAIN IN AN ABUSIVE SITUATION RATHER THAN TAKE ACTION TO GET OUT? _____

DESCRIBE THE MEANING AND IMPORTANCE OF CONFIDENTIALITY: _____

C.O.D.A. VOLUNTEER APPLICATION (page 4)

ARE THERE PARTICULAR TYPES OF PEOPLE WHO ARE VICTIMS OF DOMESTIC VIOLENCE? DISCUSS.: _____

WHAT DO YOU DO WHEN YOU ARE IN A HIGH STRESS OR ANGERING SITUATION? WHAT PEOPLE, PLACES, AND THINGS HELP YOU DURING SUCH TIMES? _____

DO YOU THINK A PERSON WHO HAS NOT EXPERIENCED ABUSE CAN BE HELPFUL TO SOMEONE WHO IS BEING ABUSED? EXPLAIN.: _____

WHAT COULD BE THE MOST REWARDING PART OF BEING A C.O.D.A. VOLUNTEER?

DO YOU KNOW A C.O.D.A. VOLUNTEER OR STAFF MEMBER? _____
IF YES, WHO? _____

HOW DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY? CHECK ONE OR MORE AND SPECIFY:

_____	Newspaper	_____	Radio/Television
_____	Volunteer Action Center	_____	Brochure
_____	C.O.D.A. Staff/Volunteer	_____	Display Fair
_____	Other		

ARE YOU WILLING TO PROVIDE TRANSPORTATION FOR RESIDENTS? (THIS WILL NEVER INVOLVE VISITING A VICTIM'S HOME.) _____ YES* _____ NO

*If yes, please enclose a copy of your driver's license and proof of insurance which will be kept in your volunteer file.

PLEASE INCLUDE ANYTHING ELSE YOU WOULD LIKE US TO KNOW WHEN CONSIDERING YOUR APPLICATION: _____

C.O.D.A. VOLUNTEER APPLICATION (page 5)

PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR AN INTERNSHIP:

SCHOOL: _____
CLASS STANDING: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student
MAJOR: _____ MINOR: _____
MAJOR G.P.A.: _____ CUMULATIVE G.P.A.: _____
RELATED COURSES: _____

WHAT OTHER AGENCIES (IF ANY) ARE YOU CONSIDERING FOR YOUR INTERNSHIP?

REFERENCES

PLEASE LIST THE NAMES, TELEPHONE NUMBERS, AND COMPLETE MAILING ADDRESSES OF AT LEAST THREE PEOPLE THAT HAVE KNOWN YOU FOR AT LEAST ONE YEAR (SUPERVISORS, TEACHERS, MINISTERS, ETC.). DO NOT LIST FRIENDS OR FAMILY MEMBERS AS REFERENCES.

REFERENCE 1

NAME: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____ RELATIONSHIP: _____

REFERENCE 2

NAME: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____ RELATIONSHIP: _____

REFERENCE 3

NAME: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____ RELATIONSHIP: _____

REFERENCE 4 (Optional)

NAME: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____ RELATIONSHIP: _____



NOTICE REGARDING BACKGROUND INVESTIGATION

A background investigation is required for anyone volunteering/interning or seeking employment with the **COUNCIL ON DOMESTIC ABUSE, INC. (CODA)**. Depending on your job duties, the background check may include the following: information concerning your character, employment history, police record, education, qualifications, motor vehicle record, and/or credit history, etc. Updated background checks may be obtained at any time during your employment or work with CODA.

AUTHORIZATION

By signing below, I, (print name) _____, hereby voluntarily authorize the **COUNCIL ON DOMESTIC ABUSE, INC.** to perform a background investigation on me. I understand that all information will be held in the strictest confidence. I certify that all information below is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification of information regarding my background may affect my employment, volunteer or internship status.

Print Name (first, middle, last)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Driver's License Number

DL State

Any other names I have been know by: (i.e., maiden name) _____

Current Address _____

Previous Addresses (Last 7 Years) – include state & county _____

Signature

Date

Witness

Date

For Vigo County Sheriff's Department purposes only:

A background investigation was performed on the above-named individual on: _____

Please check one: History is CLEAR History shows the following (w/dates): _____

Signed: _____

Title: _____