

SURVIVORS OF TORTURE, INTERNATIONAL VOLUNTEER APPLICATION

Date:

Date of Birth:

1. Personal Information

Ms/ Mrs/ Mr/ Dr.

First name

Last name

Phone:

Fax:

Cell #:

E-Mail:

Address:

City/State/Zip:

Length of time at this address: month(s) year(s)

If less than 7 years, please list previous address(es):

Present/most recent Employer

Country of origin:

Legal status:

Highest Level of School Completed:

Major/Area of Study:

What local agencies/organizations are you affiliated with?

Your primary language(s):

Other Language(s):

2. Transportation Information [Please bold/circle yes or no]

Do you take public transportation? Yes No

Do you own your car? Yes No

3. Criminal History and LiveScan

Have you ever been convicted of a felony?

No Yes If yes, for what reason _____

As part of Survivors of Torture, International's screening process we require that all applicants obtain a set of live scan fingerprints that will be used to conduct a background check by the Federal Bureau of Investigation (FBI) and DOJ. SURVIVORS uses Live Scan Service Agencies around San Diego County. If this investigative report contains information which disqualifies you as a volunteer, Survivors of Torture, International will provide you with the internal investigative report.

Please initial here to waive the right to receive copies of any records:

4. General Health

Are you in good health? Yes No

Do you have any disabilities or illnesses which require reasonable accommodations in order to fulfill the tasks for which you are volunteering?

Yes (If yes, please explain below) No

5. General availability for volunteering with SURVIVORS:

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<u>Hours</u>							

Additional Comments:

6. Addition Information:

- ❖ How did you learn about Survivors of Torture, International?

- ❖ Please list any additional experience, certifications, or credentials you think are relevant:

❖ Please list and describe your past work and volunteer experience:

❖ Why are you interested in volunteering your time and talents with SURVIVORS?

❖ Please describe any cross-cultural experience you may have had.

❖ Which specific skills are you interested in utilizing or developing through your volunteer commitment with SURVIVORS?

7: Professional References

Name:

Phone:

Relationship to you:

Name:

Phone:

Relationship to you:

8: Volunteer Driving [Please bold/circle yes or no]

Are you volunteering to drive for SURVIVORS? Yes No

If NO, skip to Section 9

If YES, finish Section 8

you will be asked to submit copies of your Driver's License, DMV Record, Registration, Car Insurance and Class B License if applicable after a successful interview.

Make, Model, and Color of your vehicle

Year

Mileage

Vehicle Identification Number (VIN#):

Driver's License Number:

Class:

Restrictions:

Do you have any previous volunteer or paid driving experience? Yes No

If yes, please list:

Company/Organization Name Employment Length Contact name and number

May we contact them? Yes No

About how many miles were put on your vehicle during the last year?

VOLUNTEER DRIVER SAFETY CHECKLIST [Please **bold** yes or no]

Do you have a valid California driver's license? yes no

Number of years licensed in California:

Total number of years of driving experience:

(a minimum of 2 years of driving experience is required by SURVIVORS)

Have you ever taken a driving safety course? yes no

Describe

Do you have comprehensive automobile liability insurance? yes no

(SURVIVORS' recommends liability insurance of \$100,000/ person, \$300,000/ accident and \$50,000 for property accident).

How many accidents have you had in the last 5 years?

I do not have more than 3 moving violations or 1 accident and 2 moving violations within the past 3 years *(ineligibility will be determined by SURVIVORS on a case-by-case basis).*

yes no

