



VIBS Volunteer Application

Applicant Name: _____

Address: _____

Cell: _____

City/State/Zip: _____

Email: _____

1. What program are you interested in volunteering for at VIBS?

- Childcare
- Community Education and Outreach
- Dispatch for Rape Crisis Counselors
- Fundraising/Special Events
- Rape Crisis Counselor
- Reception/Hotline
- Other, please specify _____

2. Why do you want to volunteer for VIBS? _____

3. Please indicate days/times you are available to volunteer _____

4. Do you have transportation? YES NO

5. Are you able to lift up to 20 lbs.? YES NO

6. Do you have any special skills? (ie. languages spoken, computer literacy, etc.) _____

Important: Please submit a resume (or bio) with educational background, professional and volunteer experience and two references with contact information.

Emergency Contact: _____ Phone: _____

VIBS operates from a position of respect for all of our clients, staff and volunteers regardless of race, sexual orientation, gender identity, ethnicity, religion, ability, age or gender. Any volunteer who shows intolerance to diversity will be immediately dismissed from the program.

I pledge to represent the mission of VIBS and uphold the professional standards of the agency.

Signature: _____

Date: _____