



# TURNING POINTE

*Survivor Advocacy Center*

*To create a world free of sexual and domestic violence.*

Dear Friend,

Thank you for your interest in volunteering with Turning Pointe Survivor Advocacy Center. We are a non-profit agency located in Mason County, WA that serves survivors, and their families, of domestic violence and sexual assault. Our comprehensive continuum of community services, give survivors an opportunity to realize, that violence does not need to be a part of his/her life.

Volunteers are an integral part of any nonprofit organizations' client services, community relations and governance. Our mission is to provide safety and support for survivors through advocacy, prevention education, and action for social change.

The Staff and Board of Directors are committed to include volunteers in program work whenever possible, focusing on each person's talents, abilities and goals.

Please find attached, a Turning Pointe Volunteer Application, Washington State Patrol background check, and Oath of Confidentiality. You may either mail this packet to, "Attn: Program Manager, P.O. Box 2014, Shelton, WA 98584," or email it to [jpennington@qwestoffice.net](mailto:jpennington@qwestoffice.net)

Once your application has been received, you will be scheduled an interview. At that time, I will explain how the agency works in greater detail and provide you with a list of volunteer opportunities that might work for everyone's schedule.

Thank you again for your interest, support and dedication. We look forward to receiving your application!

Sincerely,

Jill Pennington  
Program Manager

### Personal Information

Date	First Name	Last Name	Email Address	
Address		City	State	Zip
Home Phone	Cell Phone	Best Time to Call?	Ok to Call at Work?	
Current Employer				

<p>What is your availability?</p> <input type="checkbox"/> Flexible Hours <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
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<p>What specific areas of volunteer service interest you?</p>		
<input type="checkbox"/> Board Committee <input type="checkbox"/> Committee Groups <input type="checkbox"/> Children/Youth Programs <input type="checkbox"/> Crisis Line Advocate <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Office Support	<input type="checkbox"/> Publicity <input type="checkbox"/> Public Speaking <input type="checkbox"/> Support Group Facilitation <input type="checkbox"/> Shelter Program <input type="checkbox"/> Special Events	<input type="checkbox"/> Other:

<p>What skills do you bring to Turning Pointe?</p>	
<input type="checkbox"/> Fundraising <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Legal Advocacy/Law Pertaining to DV <input type="checkbox"/> Event Planning	<input type="checkbox"/> Translation <input type="checkbox"/> Interpretation <input type="checkbox"/> Community Education/Outreach <input type="checkbox"/> Computer Technology <input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Other talents or skills? These could range from yoga or arts and crafts instruction to building maintenance and database creation. We encourage you to think creatively about how you can contribute.	

<p>How did you hear about Turning Pointe?</p> <input type="checkbox"/> Turning Pointe Website <input type="checkbox"/> Friend/Family <input type="checkbox"/> Staff <input type="checkbox"/> News Article <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Former/Current Client of Turning Pointe (If yes, please note dates) <input type="checkbox"/> Other:
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Have you had any personal experience with family violence or child abuse within the last 12 months?

Yes  No

If yes, please explain:

### Experience and Language Skills

Briefly tell us about your past and present paid and unpaid professional experience. Please list your last four employers, the dates employed and your position.

Employer	Started	Ended	Position

Tell us about your language skills:

English is my native language  Yes  No

Speaking/Understanding  Basic  Intermediate  Fluent

Reading/Writing  Basic  Intermediate  Fluent

What is your native language, if other than English? \_\_\_\_\_

Speaking/Understanding  Basic  Intermediate  Fluent

Reading/Writing  Basic  Intermediate  Fluent

Do you speak an additional language?  Yes  No If yes, what language is this?

\_\_\_\_\_  
Speaking/Understanding  Basic  Intermediate  Fluent

Reading/Writing  Basic  Intermediate  Fluent

List any special training or education you have related to volunteering with Turning Pointe:

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### References

Please provide three references that you have known for more than one year. One can be personal (not a relative) and the other two should be professional.

Name of Reference	Relationship	Length of Relationship	Phone Number	Email Address

### Emergency Contact Information

Please provide Turning Pointe with an emergency contact:

Name: Relationship: Phone:

Doctor's Name: Phone:

### Criminal History

Have you ever been disciplined or discharged for theft, fighting or assault by an employer?

Yes  No If yes, please explain:

Have you ever been arrested, charged or convicted of any crime? Have you had your driver's license suspended or revoked?

Yes  No If yes, please explain:

Are you seeking court-mandated community service hours?

Yes  No

**REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ADULT ABUSE INFORMATION ACT  
RCW 43.43.830 THROUGH 43.43.845**

**APPLICANT OF INQUIRY**

(Please provide as much information as possible. Name and birth date are mandatory.)

Last Name	First Name	Middle Name	Alias/Maiden Name(s)
Date of Birth (mm/dd/yy)		Driver's License Number/State	

**AUTHORIZATION:**

I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by Turning Pointe.

To the best of my knowledge, the information included in this application is correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

