



Volunteer Application
TurnAround's ER Victim Advocate Program

Name _____

Address _____

Phone Numbers: (h) _____ (w) _____

(c) _____ (p) _____

E-mail Address: _____

Education:

Current Schooling or Highest Degree Earned: _____

School: _____ Year: _____

Major: _____ Coursework: _____

Current Class Schedule: _____

Current Employment:

Company: _____

Position: _____

How long: _____ Work Schedule: _____

Primary Responsibilities: _____

Related Employment:

Company: _____ Position: _____

Dates of Employment: _____ Why did you leave? _____

Primary Responsibilities: _____

Related Employment:

Company: _____ Position: _____

Dates of Employment: _____ Why did you leave? _____

Primary Responsibilities: _____

1. How did you hear about TurnAround and its ER Advocates Program? _____

2. What attracted you to this particular volunteer position? _____

3. Please describe any educational courses, volunteer work, life experiences, or work positions that you feel qualify you to be an advocate.

4. What would like to share about yourself that you feel would make you an asset to the program? _____

5. What concerns do you have about becoming a part of this program? _____

6. What would you like to gain from this experience? _____

7. How much time would you like to dedicate to volunteering? _____

8. What shifts are you interested in working? (please circle)

Weekdays: Morning 7 a.m. – 6 p.m. Evening: 6 p.m. – 12 a.m. Overnight: 12 a.m. – 7 a.m.

Weekends: Morning 7 a.m. – 6 p.m. Evening: 6 p.m. – 12 a.m. Overnight: 12 a.m. – 7 a.m.

Please list 3 references and their contact information (preferably a volunteer position or work position supervisor):

Name:	1. _____	2. _____	3. _____
Address:	_____	_____	_____
Phone:	_____	_____	_____
Relationship:	_____	_____	_____

Are you willing to submit to a background check? Yes _____ No _____

Thank you for your interest in TurnAround's ER Victim Advocate Program. Feel free to call with questions: 410-377-8111.

Please return this form to:
Gail N. Reid, LCSW-C, ER Program Coordinator
TurnAround, Inc.
401 Washington Ave., Suite 300
Towson, MD 21204
410-377-8111