## **Abused Deaf Women's Advocacy Services**

8623 Roosevelt Way NE Seattle, WA 98115 (206) 922-7088 adwas@adwas.org

## **Volunteer Pre-Application**

Name	):		
Addre	ess: _		
	_		
Conta	ct Numb	er:	(tty/vp/voice)
E-mai	l: _		
Birthd	ate (mon	th/day):	
Which			ed in volunteering with?
	Yes,	Program name	Examples of work may include:
	no,		
	maybe	Office	On a sigla and a falling a service a second and a service
		Office	Special projects, folding, copying, word processing, research, mailings
		Children's	Facilitating children's programming, tutoring,
		Program	childcare
		Volunteer	Provide information and referral, offer non-
		Advocacy	judgmental support
		Building Management	Yard work, basic carpentry, painting
		Special Events	Help with decorations, folding flyers for mailings, auction support
		Other	Do you have a special skill you'd like to offer to ADWAS?
			(please explain on back of this sheet)
With t	his applic	cation, please subm	
		uestions	
	Two lett	ers of reference	
Emoil	applicati	on to: adwar @adw	on arg OP mail to our office:
		It Way NE Seattle, \	as.org OR mail to our office: WA 98115
Signature			Date
_			

## For ALL volunteer applicants, please answer the following questions on a separate sheet of paper and return with your completed application:

- 1. Why would you like to volunteer at ADWAS?
- 2. Give a self-evaluation of your sign language skills. How and in what contexts do you use ASL?
- 3. Do you have any experience (personal or professional) with domestic and sexual violence? Explain.
- 4. What is your experience (personal or professional) being with people from a variety of backgrounds (racial/ethnic, economic, religious, disabled, sexual orientation)?
- 5. Describe your availability (i.e. Weekly? Biweekly? Days/Eves/Weekends?) What do you see as a good fit for volunteering, time-wise?
- 6. What special skills do you have that you'd like to offer to ADWAS?
- 7. Is there anything else you would like us to know?

## Please answer additional questions based on the department(s) you are interested in volunteering with:

For office volunteer applicants:

1. What is your experience working with a wide range of filing systems? Are you comfortable working with computers and programs such as Word and Excel?

For volunteers in either childcare or Children's Program:

- 1. What experience do you have working with children?
- 2. What age groups are you most comfortable with? Are there any ages you are not comfortable working with?
- 3. How do you handle children with difficult behaviors?
- 4. What is your experience with children who have experienced trauma? What might be the same or different from their peers who don't have trauma history?

For volunteers in the Volunteer Advocate Program:

- 1. Explain any employment (past or present) or volunteer activities that are relevant to the position of advocate/counselor with ADWAS.
- 2. Please explain your viewpoint on dual-roles in the community (friend/advocate, interpreter/advocate, professional work/advocate, etc.)

In addition to these essays, please submit two letters of recommendation for the position for which you are applying. Each letter must include the recommender's name, contact information, and relationship to the applicant.

<sup>\*\*</sup>Please note that submission of this application does not guarantee a volunteer position with ADWAS. All applicants are screened, interviewed, and may need training prior to beginning volunteering. Some departments may have limited spaces available for accepting new volunteers at any given time.\*\*