



## Volunteer Application

Applicant Information		
First name:	Last name:	Date:
Street address:		Apt/Unit:
City:	State/Country:	Zip:
Phone:	Cell Phone:	
Email address:		
Have you ever been convicted of a felony or misdemeanor?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>NOTE: Answering Yes will not necessarily disqualify you from consideration.</i>	If yes, please explain:	
How did you hear about the Louisiana Coalition Against Domestic Violence?		

Availability							
Please check months of availability:							
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September							
<input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9AM-12PM)							
Afternoon (approx. 12-5PM)							

## Areas of Interest

Please indicate which area(s) interest you:

<input type="checkbox"/> Awareness	<input type="checkbox"/> Health systems	<input type="checkbox"/> Research	<input type="checkbox"/> Prevention	<input type="checkbox"/> Trainings
<input type="checkbox"/> Events	<input type="checkbox"/> Equity/ inclusion	<input type="checkbox"/> Criminal Justice Responses	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Development/ grants
<input type="checkbox"/> Public policy	<input type="checkbox"/> Other, please explain:			

## Experience/Education and Skills

Current employment status:     Full-time     Part-time     Not Employed

Are you currently a full-time student?

Yes     No

If yes, please indicate school:

Degree(s) in progress or received:

Associate's     Bachelor's     Master's  
 J.D./Ph.D.     Certificate

Area(s) of study:

Do you speak any language other than English?

Yes     No

If yes, please list language:

Fluent     Semi-Fluent     Basic

Computer skills/software used:

Have you received training on domestic violence or another related topic? If yes, where and when?  
 (Max 100 words)

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

Signature	
By signing or typing my name below, I certify that my answers are true and complete to the best of my knowledge.	
Signature:	Date:

If you have any questions, contact:

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