



## KCSDV Intern and Volunteer Application

Thank you so much for your interest!

There is a minimum commitment of one hour of volunteering every other week.

This form is to be completed by interns and volunteers.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Full Name Preferred Pronouns (optional) Today's Date

\_\_\_\_\_  
Permanent Home Street Address Apt./Suite

\_\_\_\_\_  
City State Zip

\_\_\_\_\_.com ( ) -  
Email Address Cell Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthday Date Home Phone (if different than cell)

### 1. Why do you want to volunteer at KCSDV?

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### 2. Tell us about your other volunteer experiences: What have you enjoyed most and least about your previous volunteer work?

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**3. What skills, strengths, and/or personal characteristics do you possess that will enable you to be effective as a KCSDV volunteer?**

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**4. Are you willing to do any task KCSDV needs of you as a volunteer, such as physical, computer, and administrative tasks?**

Yes No      If no, please explain: \_\_\_\_\_

**5. How do you hope this opportunity will benefit you?**

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**6. Do you have experience working in areas related to sexual or domestic violence?**

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**7. How do you deal with stress?**

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**8. Are there any possible conflicts of interest you may have volunteering with KCSDV?**

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**9. How much time can you commit to volunteering per week?**

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**10. When are you able to begin volunteering?**

(Earliest possible day in mm/dd/yyyy format, or timeframe in mm/dd/yyyy-mm/dd/yyyy format.)

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

**11. What days of the week might you be able to volunteer?**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**12. Brief Histories:**

<b>a. Education</b>
<b>b. Employment</b>
<b>c. Volunteer</b>

**13. Please indicate any skills, which might include foreign languages, data entry, organizational management, software capabilities, etc.**

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**14. COMPENSATION AND CONFIDENTIALITY****a. Will you be receiving compensation for volunteering?**

(I.e. work-study funds, school credits, course requirements fulfilled)

Yes  No

**b. KCSDV publishes newsletters, online posts and articles, and email communications, which all may include volunteers' names and information about their work. Do we have your permission to release such information and your image/photo?**

Yes  No          Image release, only if different:  Yes  No

**15. Do you need any accommodations related to volunteering at KCSDV?**

Yes  No          If yes, please let us know: \_\_\_\_\_

**16. EMERGENCY CONTACT INFORMATION**

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

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Phone \_\_\_\_\_ Email \_\_\_\_\_

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Street Address \_\_\_\_\_ Apt./Suite \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_





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Thank you for completing this application!

If you have any questions about this form, please contact your KCSDV Supervisor – or Lucca Wang at [lwang@kcsdv.org](mailto:lwang@kcsdv.org) or 785-232-9784.

Visit KCSDV's website at <http://kcsdv.org>.

Follow and connect with KCSDV on social media:     

THANK YOU!