



Interior Alaska Center for Non-Violent Living
(907) 452-2293 • www.iacnvl.org

Interior Alaska Center for Non-Violent Living

UAF Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

UA Student/Faculty ID Number: _____

What is your affiliation with UAF? **Student** Current Past Major _____

Staff/Employee **Faculty** **Volunteer** Current Past Department _____

Placement

Most volunteer positions are direct service positions which require specialized training and a significant time commitment. There are limited opportunities to volunteer without providing direct services. All training will be provided if selected to volunteer.

Are you interested in Advocacy? YES NO If no, skip to screening questions.

Are you able to commit to 6 months YES NO Are you able to commit to 6-12 hours per month? YES NO

Information

The first page of this application will be submitted to the UAF Dean of Students' Office for approval to volunteer. Once approval has been granted, the application will be reviewed by the UAF Advocacy Service Coordinator. You will be contacted to schedule an interview. Once the interview is complete a full background check will be submitted and references will be checked. Incomplete applications will not be considered.

The training for volunteer advocates is time intensive with a minimum of 40 hours of reading and review of material independently. Additional in person training will also be required. Once approved for placement, placement cannot begin until training is complete.

By signing below I hereby authorize the University of Alaska Fairbanks Dean of Students Office, as custodians of my conduct records, to release such information for review upon request of the Interior Alaska Center for Non-Violence Living.

Signature

Date

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Screening Questions

Why are you interested in volunteering with the UAF Advocacy Services Program?

Do you have any experience working with survivors of domestic violence and/or sexual assault? If yes, please explain:

What are your strengths?

What is your current availability?
