



Queer Anti-Violence Project

A GENDER JUSTICE NEVADA PROGRAM

Send completed application to:

Attn: GJNV

7465 W Lake Mead Blvd #112

Las Vegas, NV 89128

Fax: 702-425-QAVP

Email: volunteer@genderjusticenv.org

Queer Anti-Violence Project

Date: ____/____/____

Victim Advocate Volunteer/Intern Application

To be considered for a volunteer position with Gender Justice Nevada, you must complete this entire application and sign the Applicant's Statement on page 2. *Please note there may be a period of time between receipt of your application and the next scheduled training session before you can begin volunteering.*

Applications are considered without regard to race, color, age, religion, sex, gender identity or expression, national origin, ancestry, handicap, veteran status, or any other classification that would deprive the person consideration as an individual. Gender Justice Nevada affirms its commitment to providing equal opportunities and equal access to programs and services.

First Name: _____ Last Name: _____

Preferred Name: _____ Preferred Pronouns: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____ DOB: ____/____/____

City: _____ State: _____ Zip: _____

Email Address: _____

Occupation: _____ Employer: _____

Education (circle): HS/GED - Some college/Associate - BS/BA - Grad certificate/MA - PhD

Degree Acquired: _____ Year Received: _____

If your volunteer work is part of an internship, please list your School and Major.

School: _____ Major: _____

Certifications/Licenses: _____

List any alternate languages spoken fluently: _____

Describe any prior volunteer experience: _____

- Do you have a reliable vehicle, a driver's license, insurance? **Y / N ?**
- Do you have a cell phone? **Y / N ?**

What are your reasons for wanting to volunteer with the Queer Anti-Violence Project?

How do you define Advocacy? _____

What do you hope to gain from your volunteer experience? _____

Gender Justice Nevada requires a criminal background check to be run on all volunteers. Have you ever been convicted of a felony or serious misdemeanor? **Y / N ?**

If "Y", please explain (please note, a "Y" answer to this question does not automatically disqualify you from being a volunteer): _____

Please provide the names, addresses and daytime telephone numbers of 2 professional references whom we may contact (non-family members).

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant's Statement (please read carefully before signing):

I certify that the answers and information given by me in this application are true and correct. I authorize Gender Justice Nevada to verify any information contained in this application. To complete application verification and in order for me to work with clients after training, I understand that Gender Justice Nevada may perform a reference check and criminal background check. I further understand that it may be necessary for me to provide additional information to assist with this verification. I agree to complete all training requirements, conform to the rules and policies of Gender Justice Nevada, and sign required documents regarding confidential information. I agree to furnish GJNV with a copy of my current driver's license and insurance information.

Signature: _____ Printed Name: _____ Date: ____/____/____

For Office Use Only:

To Do:	Date:	Signed by:	To Do:	Date:	Signed by:
Application rec'd			Training		
Reviewed			Confidentiality Form		
Interview			Background Check Completed		
Orientation (if applicable)			DL/Insurance verified/copied		