

**Child Abuse Listening and Mediation**  
1236 Chapala Street, Santa Barbara, CA 93101 (805) 965-2376

**CALM VOLUNTEER APPLICATION**  
(Information Remains Confidential)

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ E Mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you a Student? \_\_\_ Field of Study/Major/Grad Date \_\_\_\_\_

Do you own a reliable car with functional seatbelts? \_\_\_\_\_ Year and Type \_\_\_\_\_

Auto Insurance Carrier & Expiration \_\_\_\_\_

Have you ever been convicted of a crime \_\_\_\_\_ If yes, When \_\_\_\_\_  
Nature of Crime \_\_\_\_\_

U.S Citizen/Resident? \_\_\_ 2<sup>nd</sup> or Native Languages Spoken \_\_\_\_\_

How did you choose to support CALM as a Volunteer?

Please list previous volunteer experience (if any)...

What are your expectations about Volunteering for CALM?

Please describe a personal asset you feel will benefit you as a CALM Volunteer.

Please describe any personal or other experience you have with child abuse/related issues.

Please describe one positive and one negative experience you have had in the last year.

**Are you able to commit approximately 2 hours weekly for 9 months to a year in order to assist CALM/clients?**

**I am interested in being a: (please check all opportunities that interest you)**

\_\_\_ **CALM Driver:** Providing One-on-One Interaction through driving a child/family to and from their weekly therapy session (3-6 months).

\_\_\_ **Child Care Giver** one evening a week during evening Parenting Classes/Domestic Violence Program for a period of 10-12 weeks.

**Other:**

\_\_\_ **Support Staff** at CALM Events (Awareness Month/Design House/Fundraisers)

**Please List the Best Days and Times for You to Volunteer at CALM:**

	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>
<b>9-12pm</b>					
<b>12-5pm</b>					
<b>5-8pm</b>					

**Please List Three Personal References Other than Relatives We May Contact:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

**APPLICANT SIGNATURE REQUIRED:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Sign, Date, and Return this Application to CALM:**

**CALM  
1236 Chapala Street  
S.B. CA 93101  
Attn: Volunteer Coordinator**