



ASTOP Volunteer Application

Please send completed application to:
ASTOP, Inc. 430 E. Division Street, Fond du Lac, WI 54935

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Phone: _____

Occupation: _____ Hours: _____

May we call you at work? Yes No

Why are you interested in volunteering with ASTOP?

Please check all areas in which you are interested in being a volunteer.

Crisis Line Special One-Time Projects Medical Advocacy
 Fund Raising Office Assistance Other _____

Are you willing to complete an inservice training in crisis intervention, interviewing, client support and resources? Yes No

What is your educational background?

List any jobs, course, or experiences, which you feel would assist you in being a sexual assault volunteer?

Tell us a little about yourself in terms of interests, activities, and social involvement.

Are you a survivor of sexual assault/abuse/incest or domestic violence? ___ Yes ___ No
 If yes, briefly describe your healing process and present understanding.

Are you experiencing any significant emotional problems at present or have you experienced them in the past five years? ___ Yes ___ No
 If yes, please describe.

Have you ever been convicted of a felony? ___ Yes ___ No

Please indicate with a check mark (only one per line) your comfort level in discussing the following issues.

	Very Comfortable	Somewhat Comfortable	Somewhat Uncomfortable	Very Uncomfortable
Sexual Assault				
Incest				
Child Abuse				
Birth Control				
Anger/Revenge				
Abortion				
Venereal Disease				
Depression				
Suicide				
AIDS				

Please list three references whom we may contact (not a relative or spouse).

- Name _____ Relationship _____
 Address _____ Telephone _____
 City/State/Zip _____
- Name _____ Relationship _____
 Address _____ Telephone _____
 City/State/Zip _____
- Name _____ Relationship _____
 Address _____ Telephone _____
 City/State/Zip _____

I hereby declare that the above information is accurate and factual and give my permission for ASTOP to contact the references listed above.

 Signature

 Date