



## JTM CARE Team

W4051 County Highway NN, Suite 94  
PO Box 133  
Elkhorn, WI 53121  
262-374-1491

## Volunteer Application Form

Please fill out this form and return to JTM CARE Team to receive consideration for a volunteer position. You may mail this form to our mailing address, attach it to an email and send it to [dawn@jtme.org](mailto:dawn@jtme.org), or drop it by our office.

JTM Care Team is a 501(c)(3) organization working in the Southeastern Wisconsin area to provide advocacy and services for victims of violence including human trafficking, sexual assault, and domestic abuse. Our goal is to journey with survivors through the darkest moments of their lives, which is often the first step toward healing.

We invite volunteers from diverse backgrounds who are over the age of 18 to engage with our clients at our site, online, and in person at a local hospital. Our advocates provide a variety of services after receiving proper training.

We plan and schedule volunteer advocacy in advance, one month at a time. As a volunteer, you will provide information about your availability throughout the month, and we will plan a 30-day schedule accordingly. All volunteers are expected to follow through with the nights for which they have committed.

All information on this form will be kept confidential. You will be required to attend two 3-hour blocks of training, for a total of six hours, before you will be scheduled as an advocate. There will be continuing education after the two days of training are completed. Please be advised that, since we work with a vulnerable population, we require a criminal background check. We will advise how this may be done in the most efficient way.

First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Briefly explain why you are offering to volunteer for the CARE Team** \_\_\_\_\_

\_\_\_\_\_

**Current Profession or Background** \_\_\_\_\_

\_\_\_\_\_

**Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The next three questions are required and must be answered truthfully or you will automatically be disqualified. If you answer yes to any, please explain: \_\_\_\_\_

- 1.) Do you use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2.) Have you ever been convicted of a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3.) Have you ever been charged with neglect, abuse, assault, or crimes involving violence or threat of violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

What days are you usually available? Mon: Tues: Wed: Thurs: Fri: Sat: Sun:

What times?

How many hours would you like to volunteer per week? \_\_\_\_\_ Month?

Please describe any physical limitations:

**EMERGENCY CONTACT:**

Name:

Phone:

Relationship:

**REFERENCES:**

Please provide the names and contact information of two (2) character references below:

Name:

Telephone:

Relationship:

Name:

Telephone:

Relationship:

**Volunteer Agreement & Release:**

**I hereby understand and confirm the following:**

- **The cost of the training is \$30 to cover the cost of supplies and background check payable at the first night of training.**
- **The information provided above may be verified by Join the Movement at its sole discretion, and permission is give to conduct a criminal background check and/or driver’s license records, to make inquiry of others concerning the applicant’s suitability to be a volunteer at any time during my volunteer service to JTM.**
- **I release JTM and the CARE Team from any and all liability that may be incurred as a result of the volunteer screening process.**
- **The relationship between JTM and its volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or Join the Movement.**
- **I am responsible for informing JTM of any changes in the information contained in this application.**

**Liability Release:**

*As a volunteer of JTM CARE Team I agree to abide by all policies and procedures as spelled out in the volunteer handbook. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

**By signing this form, I agree to all of the terms and conditions applies, as well as confirm my own identity.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Full Name (Printed) \_\_\_\_\_

**OPTIONAL:** Has anything in your past happened that could cause a trigger for you as an advocate? You do not have to answer this question, we only ask so that we can prepare or help you moving forward.