



New York City Anti-Violence Project Volunteer Information Form

Please fill out this volunteer information form. If you would like assistance, please notify the volunteer coordinator. Once received, a one-on-one with the volunteer coordinator will be arranged. The information on this form will only be used by designated staff of the Anti-Violence Project for volunteer purposes.

Date: _____

Name: _____

Preferred Gender Pronoun: _____

Is there another name, alias, or nickname that you'd prefer to be called? _____

Home Address: _____

City _____ State _____ Zip _____

Email: _____

Phone: _____ Is this a cell phone? Y N Can we text you? Y N

Is it safe to say we are calling from AVP? Y N

What is the best way to reach you? Email Phone Call Text via Phone

Other: _____

Do you speak more than one language? Y N If yes, what language(s)? _____

Why are you interested in volunteering with AVP? _____

What do you hope to accomplish as a volunteer? _____

Are there other ways you'd be interested in supporting AVP? _____

Are you interested in AVP's 40-hour hotline training and certification? Y N

Thank you for your interest in volunteering with The Anti-Violence Project!
We are always in search of community members and allies to help achieve our mission.

Please submit completed form to:

Mail: Anti-Violence Project
Att: Tasha Amezcua
240 W. 35th St., Suite 200
New York, NY 10001

Email: tamezcua@avp.org

Fax: (212) 714-2627

FOR OFFICE USE ONLY	
<input type="radio"/>	COPA
<input type="radio"/>	DEV
<input type="radio"/>	FIN/ADMIN
<input type="radio"/>	CS
<input type="radio"/>	HOTLINE