



**Rutland County
Women's Network &
Shelter, Inc.**
PO Box 313
Rutland, VT 05702
Business (802)775-6788
Crisis (802)775-3232
Fax (802)747-0470

TAKE ACTION! BE THE CHANGE!

HOTLINE Volunteer Application

Date: _____

Name: _____ Date of Birth: __/__/__

Email: _____

Address: _____

Home Phone () _____

Cell () _____

Work () _____

Best time to call _____

Employer: _____

OK to call you at work? Y N

Why would you like to be a hotline volunteer at RCWN&S?

Do you have any previous experience with domestic or sexual violence? If yes, please explain.



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References: MUST HAVE 4

Name _____

Name _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____

Name _____

Name _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____

RCWNS will contact your four references prior to meeting with you regarding volunteering on our hotline. After all references have been contacted, the RCWNS Crisis Advocacy Team will meet and review the applications and then you will be contacted with dates and times of training.

Hotline Volunteers must complete 24 hours of classroom training, plus one observation in the court room, and 8 hours in the RCWNS office prior to beginning to take hotline calls.



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