



## 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. 35<sup>th</sup> St., Suite 200  
New York, NY 10001

Email: [tamezcua@avp.org](mailto: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