

# **The Bias Incident Hotline Project**

## ***Support, Advocacy, and Change***

### **Call for Volunteers**

The Bias Incident Hotline Project is a community project dedicated to serving as a support and reporting system for those who have experienced or witnessed bias motivated incidents and crimes. After years of planning and preparation we are excited to announce that the Bias Incident Hotline is open to callers.

Our primary goal is to provide immediate support, assistance, referral, and advocacy for individuals who have experienced bias motivated incidents and crimes. Also important is our goal to serve as a reporting system to document the nature and extent of incidents occurring in our community and to identify policies and practices that will alleviate and eventually eliminate bias in our community.

To do this WE NEED YOUR HELP!

**Hotline Intake Volunteers:** Volunteers willing to be trained to take calls, provide support and advocacy for any person who has experienced or a witnessed a bias related incident. Should be willing to commit to 36 hours of training, being on phone duty one week every 3 months or equivalent (may be modified according to call volume), and attending monthly volunteer meeting. Previous experience with or education on oppression will be very helpful.

**Office/Clerical Help:** Volunteers to assist staff with office duties, mailings, research, data entry, etc. Will be trained by Hotline staff.

**Outreach/Publicity:** Volunteers to assist staff and Advisory Council with outreach into all portions of the community to make people aware of the services of the hotline. Help design publicity pieces and disseminate the information throughout the community.

**Fundraising:** Volunteers to assist staff and Advisory Council with all aspects of fundraising in support of the Hotline: grants, fundraising mailings, community fundraising events, etc.

We seek a diverse group of people who represent a range of experiences:

***For more information Call Detre 720-257-8780***

***Email: [Biasincidenthotline@gmail.com](mailto:Biasincidenthotline@gmail.com)***

***FAX: 720-565-9755***

**Bias Incident Hotline**  
**Please Mail to:**  
**P.O. Box 1156**  
**Boulder, Colorado 80306**  
**Volunteer Application Form**  
*Confidential*

**PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Place of Work/School \_\_\_\_\_ Title/Major \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Can you commit to a 1-year term?    Yes        No

On which of the following committees would you be interested in serving?

- |                        |                                   |
|------------------------|-----------------------------------|
| _____ Advisory Council | _____ Fund Raising/Finance/Office |
| _____ Phones Intake    | _____ Public Relations/Outreach   |

Qualifications/Experiences (please check all that apply):

- |                                     |                                 |                    |
|-------------------------------------|---------------------------------|--------------------|
| _____ Finance/Accounting<br>(Media) | _____ Law                       | _____ PR/Marketing |
| _____ Government                    | _____ Education                 | _____ Politics     |
| _____ Mediator                      | _____ Corporate                 | _____ Business     |
| _____ Social Justice/Change Issues  | _____ Non-Profit Administration | _____ Community    |
| Organizing                          |                                 |                    |
| _____ Law Enforcement               | _____ Other: _____              |                    |

Please describe skills, professional or otherwise, you bring to the organization (e.g., fund raising, computer skills, graphic design, public speaking, etc.): \_\_\_\_\_

List any language proficiencies other than English: \_\_\_\_\_

Please identify any accessibility needs you have:

\_\_\_\_\_  
\_\_\_\_\_

(Note: The Bias Incident Hotline Project is committed to representing the diversity of our communities and making all meetings and events accessible.)

Describe previous volunteer experiences including age groups you worked with. What gave you the most satisfaction? \_\_\_\_\_

\_\_\_\_\_

Describe any experiences you have had counseling or advocating for others: \_\_\_\_\_

\_\_\_\_\_

Why do you want to be an Bias Incident Hotline volunteer ? \_\_\_\_\_

\_\_\_\_\_

Why do you believe you would be a good volunteer (be specific about what area you are volunteering for: Advisory, intake, etc.)? \_\_\_\_\_

\_\_\_\_\_

Please speak about your life experiences and what kinds of perspectives you would bring regarding diversity: \_\_\_\_\_

\_\_\_\_\_

What experience do you have doing anti-oppression work? How do you feel about being challenged in this area? \_\_\_\_\_

\_\_\_\_\_

What is your understanding of oppression? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think are the root causes of violence against minority communities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any additional information you would like to share with us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted or pled guilty to a criminal offense in a court of law?      Yes      No  
(Please note – this is not an automatic disqualifier)

If yes, please give dates, details and penalties for each occurrence on an attached sheet of paper.

Full Legal Name:

\_\_\_\_\_

First Name	Middle Initial	Last Name
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Other names used within the last 10 years: \_\_\_\_\_

Any other states in which you have lived within the last 10 years: \_\_\_\_\_

Your signature authorizing a records check: \_\_\_\_\_

- I will be able to attend the entire 36-hour training (mandatory for phone intake volunteers).
- I will be able to attend 20-hours of training.
- I will be able to sign up for 1 week of on call service per 3 months or equivalent (phone intake)
- I will be able to attend one evening meeting per month.
- I will be able to attend one evening meetings per 3 months.

*I certify that all information provided on this application is correct.*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***Thank You!***

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***FOR BOARD USE***

\_\_\_ Nominee has had a personal meeting with executive director and board chair or membership committee member. Date \_\_\_\_\_

\_\_\_ Nominee reviewed by the committee. Date \_\_\_\_\_

\_\_\_ Nominee presented to board. Date \_\_\_\_\_

Action taken by the board: \_\_\_\_\_ Date \_\_\_\_\_

Committees: \_\_\_\_\_