

CARLSBAD BATTERED FAMILIES SHELTER, INC.
VOLUNTEER APPLICATION

CBFS is a non profit agency which utilizes volunteers in various areas in order to provide services to victims of domestic violence, child witnesses/victims of domestic violence and individuals who have perpetrated domestic violence. The confidentiality of the individuals that we provide services to is extremely important and our policies must be strictly adhered to.

NAME: _____ DATE: _____

Address: _____ Telephone #: _____

DOB: _____ AGE: _____ GENDER: Male Female

SOC SEC#: _____

What training or experience have you had that is directly or indirectly related to the field of domestic violence?

How many hours are you willing to volunteer each month? _____

What days do you prefer to volunteer? _____

Do you have a valid New Mexico Driver's license: _____

Documentation required:

Proof of identification

Current police record if any

Please check the type(s) of volunteer service(s) you are interested in providing:

- Crisis Intervention (telephone or in person) Court Advocate
- Peer Counseling Therapy Transportation
- Teaching life & social skills Group facilitating
- Assisting with donation pickup, sorting, distribution
- Recreational activities Translating
- Other: _____

You may check as many areas as you wish. If you wish to provide volunteer services not listed above, please explain briefly in the "Other" category.

Training may be required for some volunteer services which will be provided by CBFS staff prior to any services being provided.

Federal and State regulations require a copy of your police record before you provide any volunteer services to CBFS. This must be submitted with your application to the Administrator.

Each volunteer must complete and sign a time sheet which states the date and time spent in the volunteer service.

Volunteer Applicant

Date of Application

Carlsbad Battered Families Shelter, Inc.

Employee/Volunteer Confidentiality Statement and Agreement

I, _____ agree to keep the confidentiality of each client of the Carlsbad Battered Families Shelter.

I agree to keep the location of the Carlsbad Battered Families Shelter confidential.

I agree to not divulge, unless ordered or subpoenaed by law enforcement or an agency of the criminal justice system any information pertaining to any Carlsbad Battered Families Shelter client or their families.

I will give required information to members of the criminal justice system only when I am positive of their identity and title.

I understand that violating the confidentiality of any client could result in serious consequences including immediate termination of employment or volunteer agreement.

Volunteer/Employee

Date

Supervisor

Date

Carlsbad Battered Families Shelter, Inc.,
Employee/Volunteer Ethics Statement and Agreement

Please take the time to read thoroughly each of the following items and initial next to each stating that you understand its meaning. If you do not understand any item below, please ask for clarification before you initial it. This agreement must be completed and signed before any service is provided to CBFS clients.

Initial

	1. The client is our customer. Wear a smile, be courteous, tactful and respectful at all times.
	2. Never give out your home phone number or any other staff's home number to a client
	3. Never offer to have a client stay at your home.
	4. Always seek help if you do not know the answer to a question or do not know how to help someone.
	5. Never give or lend a client money
	6. Never accept money from a client
	7. Do not conduct business transactions with a client
	8. Only drive client to predetermined location. No other stops are allowed
	9. Do not impose your own personal view on clients or their children.
	10. Do not proselytize regarding religion
	11. Never provide rides to churches or church services for clients or their children.
	12. If you are going to pick up a client in crisis, meet them at a safe, public place away from abuser. Never hesitate to ask law enforcement for help.
	13. Never give out names of clients or children to anyone including those identifying themselves as law enforcement or court authorities. Check for client release of information. Check identity of call or person before complying. Do not even confirm that client in question is here or not here.
	14. Do not form personal relationships with clients.
	15. Never discuss staff or agency issues with client
	16. Never discuss CBFS staff issues or internal problems with members of the public, including volunteers and former employees.
	17. Don't jump to conclusions-give client or staff member the benefit of the doubt
	18. Dress appropriately. We are role models for our clients. Casual dress is fine, but no cutoffs, mini skirts, clothing that advertises tobacco or alcohol, low cut or revealing tops, torn clothing, slippers, etc.
	19. Treat staff and volunteers with respect. Make a conscious effort to communicate in a non confrontational way.
	20. Communicate with staff, volunteers and clients in an honest, respectful and straightforward manner.

I have read and understand all of the above ethical statements of the Carlsbad Battered Families Shelter, Inc. I understand that violating any of these may lead to termination of my employment or volunteer services.

Employee/Volunteer

Date

Supervisor

Date

Carlsbad Battered Families Shelter, Inc.,

Volunteer Service Report

Date of Service: _____ Time Spent: _____

Volunteer who performed this service: _____

Client who received this service (if applicable): _____

Brief Description of Service:

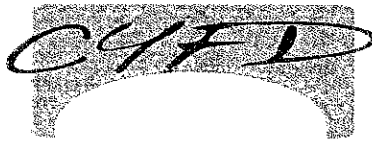
Signature of Volunteer

Date

Supervising Staff

Date

Volunteers must complete this form at the end of their volunteer day and present it to their supervisor.



EMPLOYER STATEMENT

Name of Facility or Program

Mailing Address

City State Zip

Physical Address of Applicant's Service

I, _____, authorized representative, hereby attest that _____ is an applicant for employment, an employee, contractor or volunteer with our organization. This applicant, employee, contractor or volunteer requires a CYFD background check pursuant to 8.8.3 NMAC and has direct care responsibilities or potential unsupervised access to care recipients. I understand that by signing this statement, our organization waives any claim that this applicant, employee, contractor or volunteer does not have direct care responsibilities or does not have potential unsupervised access to care recipients in the event that he/she is determined to be an unreasonable risk and denied background check eligibility.

I further attest that our organization has or could have primary custody of children for twenty hours or more per week.

Signature of Employer Representative

Title

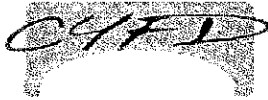
Phone Number

Date

Facility Information

APPLICANT WRITTEN STATEMENT

EMP



Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Physical Address of Applicant's Service _____

INSTRUCTIONS: All questions must be answered completely and to the best of your knowledge. If you are applying for "Employment in a Licensed Childcare Home," all adult household members (age 18 and over) must be fingerprinted and fill out their own Applicant Written Statement. Please print legibly. Answers left blank, or a response of "N/A" may result in the rejection of the application.

Registration Number: _____

Full Name	Aliases (birth name, married name(s), nick names)	Date of Birth (month, day, year) _____/_____/_____
First Name _____	_____	Social Security Number <input type="checkbox"/> None
Middle Name <input type="checkbox"/> No Middle Name <input type="checkbox"/> Initial Only	_____	Place of Birth (city, state, country) _____/_____/_____
Last Name _____	_____	Primary Language _____
Current Physical Address	Mailing Address <input type="checkbox"/> Same as physical	Contact Information
Address _____	Address _____	Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other
Address (optional) _____	Address (optional) _____	Secondary Phone Number (optional) <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other
City _____ State _____ Zip _____	City _____ State _____ Zip _____	

Previous Address/Addresses (past ten years, most recent first, and include number, street, city, state, zip code.)
 If you need more space, use a separate sheet of paper.

Address	City	State	Zip

Current Marital Status (circle one): Single Married Separated Divorced Widowed

Current Spouse/Significant Other

First _____ Middle _____ Last _____ Date of Birth (month, day, year) _____ Social Security Number _____

Full Name(s) and Date(s) of Birth of: Birth Children, Adopted Children, Foster Children, and other Children who have lived in your household(s) within the past ten years (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /

Full Name(s) and Date(s) of Birth of all Adults who have previously lived with you (within the past ten years) (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /

Full Name(s) and Date(s) of Birth of all Adults who are currently living with you (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /
			/ /

Names and Places of School(s) attended, along with graduation dates (High School, University, College, and Vocational Training) (If you need more space, use a separate sheet of paper)

Name of School	Location of School	Graduation Date	Type (high school, college, etc.)

Employment History (list all dates and places of employment from age 18 to date - explain breaks in employment) (If you need more space, use a separate sheet of paper)

Employer	Start Date	End Date	Explain Break in Employment

IF YOU DO NOT UNDERSTAND THESE QUESTIONS, PLEASE SEEK GUIDANCE BEFORE ANSWERING THEM!

Have you ever been involved in a CYFD investigation of abuse or neglect of children or adults as the alleged perpetrator or household member? If so, provide the dates of all such investigations and the outcome of those investigations. **NOTE: Failure to provide this information may lead to denial of your application.**

_____ **Yes**, I have been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member (Provide details).

_____ **No**, I have never been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? **NOTE: Failure to provide this information may lead to denial of your application.**

_____ **Yes**, I have been charged with, arrested for, or convicted of a crime (Provide an explanation and disposition).

_____ **No**, I have never been charged with, arrested for, or convicted of a crime.

Under penalty of perjury, I _____ certify the above statements to be true and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____