Volunteer Application

Please complete application in full.

APPLICATION DATE

Personal Information

FIRST NAME | MIDDLE NAME | LAST NAME

ALL FORMER LAST NAMES

PREFERRED PHONE NUMBER | DATE OF BIRTH

STREET ADDRESS

CITY | STATE | COUNTY | ZIP CODE

EMAIL ADDRESS

Volunteer Opportunities

☐ **CRISIS LINE**

Description: Use your listening skills to provide a first response to crisis calls from your own phone outside of regular business hours. Your personal phone number will remain private, as calls are connected through The Bridge's after-hours answering service. Volunteers provide support, advocacy, resources, referrals, and information to individuals affected by domestic violence or sexual assault. All volunteers are required to complete training provided by The Bridge staff. Training materials and resources are provided, and staff backup is always available for additional support.

Schedule: Flexible 8- or 12-hour shifts based on availability communicated with the Volunteer Coordinator.

Requirements: Must be at least 19 years old and complete training and a background check.

☐ **ENHANCED ADVOCACY/WEEKEND ADVOCATE**

Description: Weekend advocates receive calls directly from law enforcement and hospital personnel and will provide advocacy over the phone, Responsibilities may include arranging hotel placements when appropriate and serving as backup to crisis line volunteers, including covering missed or unfilled calls.

Schedule: On call Friday at 4:00 p.m. through Sunday at 4:00 p.m., with staff backup available. As well as holiday coverage.

Compensation: $100 per weekend.

Eligibility: Available after gaining some crisis line experience.

Background Information

Have you ever been convicted of a misdemeanor? ☐ **Yes** ☐ **No** **If yes, please explain:**

Have you ever been convicted of a felony? ☐ **Yes** ☐ **No** **If yes, please explain:**

Do you speak any other languages? If yes, list the languages and your level of fluency.

Your Interest & Perspective

Please answer the following questions to help us learn more about you and your interest in volunteering.

How did you hear about for The Bridge?

Why do you want to become a volunteer for The Bridge?

Do you have any previous experience volunteering with a community organization? If so, where?

Please describe your understanding and feelings regarding domestic violence.

Please describe your understanding and feelings regarding sexual assault.

Have you or someone close to you been personally impacted by domestic violence or sexual assault?

Is there anything else you would like us to know about you?

A note about training: Training may include graphic or emotionally difficult material. For survivors or those close to survivors, some topics may bring up strong emotions. We may work together to determine whether volunteering in this program is a good fit at this time.

Volunteer Agreement

1. I agree to keep up-to-date on policies and procedures to the best of my ability.
2. I agree to be responsible for my shift and find a replacement or contact the volunteer coordinator as soon as possible.
3. I will be responsible for reading monthly mailings and be aware of information needed in order to serve effectively on the hotline.
4. I will not be under the influence of alcohol or drugs on the day of my shift.
5. I will complete necessary forms in a timely manner and turn these forms into The Bridge office as soon as possible after my shift.

Signature: _____ Date: _____

Witness: _____ Date: _____

Confidentiality Agreement

I,_____, agree to serve as a volunteer for The Bridge and agree to the following:

1. The names and specific circumstances of all persons who utilize The Bridge services will be kept confidential. I agree to keep confidential the names and case information of all contacts and to discuss these only with staff, volunteers, and members who assist the client.
2. I understand information subpoenaed by the courts is exempt from confidentiality but all subpoenas will be handled by the Executive Director.
3. Any information received pertaining to children such as suspected child abuse, neglect or sexual abuse is exempt from confidentiality and should be immediately reported to Child Protective Services and/or law enforcement.
4. Any information received regarding threat of harm to oneself or others is exempt and will be reported to appropriate authorities.
5. Any breach of confidentiality will result in the immediate dismissal of the violating person.

Signature: _____ _____

Witness: _____: _____

- **The Bridge reserves the right to release a volunteer from out program at anytime.**