



CHETNA Volunteer Application

1. Date: _____ First Name: _____ Last Name: _____ MI: _____
2. Gender: Male Female DOB: _____
(Applicant must be at least 16 years old to volunteer; applicant must be at least 18 for direct client contact.)
3. Address: _____
4. Primary Telephone: _____ Email: _____
5. Education: _____
6. Employed: Yes No If so, where: _____ Job Position: _____
7. Volunteer History: _____
8. Domestic Violence Work/Volunteer History: _____
9. Have you ever been a victim of Domestic or Family Violence: Yes No
If so, did you receive counseling (please list details of counseling - when; where; length)

10. Have you ever been accused of committing Domestic or Family Violence: Yes No
11. Do you have a Criminal History: Yes No If yes, explain: _____

12. Why are you interested in volunteering with CHETNA? _____

13. Areas of Interest: Please Check all Volunteer Interest(s):

<input type="checkbox"/> Fundraising/Networking	<input type="checkbox"/> Marketing
<input type="checkbox"/> Event Coordination	<input type="checkbox"/> Community Education/Outreach Events
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> IT Support/Website Maintenance
<input type="checkbox"/> Board Work	

Direct Client Support [may require additional training and background checks]
 Translation/Interpretation
 Professional Training (Workforce Development; Financial Literacy; Life Skills Training)
 Mental Health Services (Must be a Licensed Provider)
 Legal Support (Must be an Attorney or receive training for Legal Advocacy/Support)
 Childcare Assistance (During client meetings; May Require Extensive Background Check & Additional Training)
14. Please list any skills you possess that make you qualified for your interest areas.

15. List languages you speak (Please specify if you can speak/read/write in these languages)

16. How did you hear about CHETNA? _____

17. References (Professional & Personal)

- Name & Relationship: _____
Phone: _____ Email: _____
- Name & Relationship: _____
Phone: _____ Email: _____

18. Availability (Please specify your availability/frequency for volunteering):

19. In case of an emergency, who do we contact (if you get selected to volunteer)

Name: _____ phone: _____ relation: _____

Volunteer Applicant Agreement

Terms & Conditions (please initial next to each statement and sign below):

_____ I certify that the information provided by me within this form/agreement, is accurate and complete, to the best of my knowledge, and subject to verification by CHETNA. I understand that any misrepresentation or omission of factual information on my application may be justification for refusal of placement, or may be considered sufficient cause for my dismissal without advance notice. I authorize the persons, employers, agencies, schools, and other organizations named in this application to provide CHETNA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision, and hereby release any such persons, previous employers, schools, agencies, and other organizations from any and all liability which they might otherwise incur as a result.

_____ I understand that the completion and submission of this form does not guarantee my status as a volunteer. I understand that I may not be selected to volunteer, and that all volunteer positions are subject to approval at CHETNA's discretion, based on our needs and requirements. I understand that if I am selected as a volunteer, I must meet all stated conditions, requirements, and trainings required of the position for which I am asking to be placed, and that all volunteers are subject to dismissal at CHETNA's discretion. If, in the event I choose to cease volunteering, I am free to do so at any time.

The information requested in this application will be used only for the purpose of determining suitability as a volunteer. All information remains confidential. No applicant will be rejected because of race, color, gender, age, sexual orientation, religion, national origin, marital status or disability. If, in the event I choose to cease volunteering, I am free to do so at any time.

_____ As a CHETNA Volunteer, I agree to, and hereby knowingly release and forever absolve, indemnify, and hold harmless, CHETNA, its officials and employees, and its officers, directors, clients and volunteers, both jointly and severally, from all liability, claims, and demands, of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services which I provide to CHETNA. I understand and acknowledge that by signing this agreement, I discharge CHETNA from any liability or claim that I may have against CHETNA, with respect to bodily injury, personal injury, illness, death, or property damage, that may result from the services I provide to CHETNA or occurring while I am providing volunteer services.

_____ I understand that the scope of my relationship as a CHETNA volunteer is limited to that of a volunteer position, and that no compensation is expected in return for services provided; that CHETNA will not provide any benefits traditionally associated with employment to me as a volunteer; and that I am solely responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to CHETNA.

_____ I give CHETNA permission to obtain any information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with CHETNA. I also understand that as long as I remain a volunteer with CHETNA, CHETNA may repeat this criminal history check at any time.

_____ As a CHETNA volunteer, I agree to promote CHETNA's mission, abide by its policies, and maintain the confidentiality of its location, work product, and clients served. I agree to sign, and adhere to, all terms outlined in *CHETNA's Confidentiality, Privacy and Ethical Standards Agreement for CHETNA Representatives (attached)*. I understand that any breach of client record confidentiality may result in my termination as a volunteer with CHETNA.

By signing this Agreement, I agree to follow the professional standards highlighted above. I understand that my failure to abide by the terms of this Agreement may result in the termination of my participation as a CHETNA Volunteer.

I, _____ (print name), have read the above Agreement and understand its terms, and my responsibilities, as a CHETNA Volunteer.

Signature of Volunteer

Date

FOR OFFICE USE ONLY:

Criminal Background Check completed? YES NO If yes, then see attached records for results.

DV 101 Volunteer Orientation Completed? YES NO Date of Training: _____ Trainer: _____

Approved to Volunteer? YES NO Date Approved: _____

CHETNA Representative who checked all training requirements have been met, and who approved:

Name:

Signature

Date