

# Volunteer Application

(Revised July 2018)

Date: \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

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

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ (*Applicants under age 18 must have parent/guardian sign consent form*)

## In Case of Emergency or Illness Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about volunteer opportunities with the Center for Family Violence Prevention?

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## Background Information

### Education:

High School (Name): \_\_\_\_\_

Graduated: Yes \_\_\_ No \_\_\_ GED \_\_\_ Currently Attending: Yes \_\_\_ No \_\_\_

College (Name): \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Graduated: Yes \_\_\_ No \_\_\_ Currently Attending: Yes \_\_\_ No \_\_\_

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Employment:

Currently employed: Yes \_\_\_ No \_\_\_

If currently employed, name and phone number of company:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

References: (i.e. professors, community contacts, bosses, other volunteers, supervisors)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License/ID Information:

Do you have a valid Driver's License? Yes No

Driver's License/ID# \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Volunteer Credit Programs**

- Complete this section only if volunteering for School or Work Study or other types of credit programs:

A. Course/School Credit:

School: \_\_\_\_\_ Course: \_\_\_\_\_ Required Hrs. \_\_\_\_\_

Teacher/Professor (Name & Phone #): \_\_\_\_\_

B. Work Study:

School: \_\_\_\_\_ Semester: \_\_\_\_\_ Max. Hrs. per week: \_\_\_\_\_

List Job & Volunteer Experience/Skills (May attach resume):

**Must submit criminal background check and photo ID**

Volunteer Experience: \_\_\_\_\_

Job Experience: \_\_\_\_\_

Skills: \_\_\_\_\_

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Type of Volunteer Service(s) you prefer (please mark with an X):

My Sister's Closet \_\_\_\_\_ Abuse in Later Life Program \_\_\_\_\_ Administrative Office \_\_\_\_\_  
 Court Services \_\_\_\_\_ Fundraising \_\_\_\_\_ Community Education \_\_\_\_\_ Hispanic Outreach \_\_\_\_\_  
 Outreach \_\_\_\_\_ Safe House \_\_\_\_\_ My Sister's Attic \_\_\_\_\_ Family Center \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Available Schedule:

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

- A. Total number of hours per week desired: \_\_\_\_\_
- B. I prefer only a short-term assignment: Yes \_\_\_\_ No \_\_\_\_
- C. I am available on an on-call basis: Yes \_\_\_\_\_ No \_\_\_\_\_
- D. I can start on (date): \_\_\_\_\_
- E. I am healthy enough and can participate in lifting or moving: Yes \_\_\_\_\_ No \_\_\_\_\_ (Both resale stores will require the ability to lift or move as part of the volunteer responsibilities)
- F. Do you have any other physical restrictions to volunteering: Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## DECLARATION OF CONFIDENTIALITY

I, the undersigned volunteer/intern for the Center for Family Violence Prevention, do hereby declare that I will hold confidential all communications, observations, and information made by me and between or about clients (including their families).

This information specifically includes identity information and physical whereabouts information. It also includes the location of the Safe House (New Directions), the Counseling Office and the Family Center. Client information may only be disclosed to members of the Center for Family Violence Prevention and the Agencies authorized by the client's Release of Information Consent Form, when the information is **required to better meet the client's needs**.

**Exceptions for release of information which do not require the client's consent include: (ALL release of information will be conducted by the Supervisor of the program area)**

- 1) Disclosure of client information made to the legal guardian of a client.
- 2) When a medical emergency exists and information from the file is required to save the life of a client or a client's child, and the client is not able to authorize the release in a timely manner information limited to the medical emergency will be disclosed to the medical institution treating the client or his/her minor child.
- 3) When the agency is ordered by a court to release the record.
- 4) When child abuse is suspected, a report must be made to Child Protective Services, Department of Social Services. The staff will make a report. An agency member will do a follow-up report.
- 5) When there is imminent danger to the health or safety of the client or another person, or the likelihood of the commission of a crime by the client, the agency member may disclose the information to the appropriate party.

I understand that a violation of this confidentiality will result in my immediate release from my internship or volunteer position.

I further declare that in the event of my withdrawal or resignation, I will keep confidential all information related to the Center for Family Violence Prevention.

\_\_\_\_\_  
Intern/Volunteer Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date