



Volunteer Agreement

As a volunteer of Davidson County Transitional Service (DCTS) Inc., I agree not to disclose to any person outside of the organization any information regarding the clients or organizations business, including the location of the Safe House. I understand that confidentiality is of the utmost importance in serving the needs of the clients. I further understand that any infraction of this rule will mean termination of my volunteer activities and could result in legal action.

All information provided by a client or staff member to any staff member or volunteer is considered to be confidential and is subject to the terms of the Shelter's confidentiality policy. Confidentiality is defined, as the assurance that unwarranted access to information regarding a client shall be protected from improper disclosure. I understand that any violation of this, including disclosure of the Shelter's location, shall be considered a breach of faith. I understand that any violation of this policy is grounds for termination of my volunteer relationship with Davidson County Transitional Services Agency. I further understand that it is the policy of Davidson County Transitional Services Inc. to require that service providers not be clients of the organization. This applies to staff, volunteers and their immediate families (spouse and children).

I hereby release Davidson County Transitional Services Inc., its board, its staff and volunteers from any and all responsibility for any consequences which may result should I continue to maintain a relationship with clients after their stay at the shelter is ended or at the Transitional Center.

Additionally, if you are a volunteer who are currently experiencing domestic violence difficulties in your own life, you will not be permitted to continue active volunteer participation until it is determined by DCTS Inc. staff and board that there is a resolution to the problem.

As a volunteer of DCTS Inc. you are required to participate in all training and orientation relevant to the area you are working in. You are **not** to provide counseling to clients unless you have been approved by the Executive Director to do so. You must agree to comply with all Safe House and Transitional Center policies and its mission.

I have read and understood the aforementioned terms of volunteer activity.

Volunteer Signature _____ Date _____

Staff Signature _____ Date _____

Mailing Address: Davidson County Transitional Services (DCTS) Inc.

PO Box 632
401 East Main Street (4th Floor)

Thomasville, NC 27361
VOLUNTEER APPLICATION
(All information will be kept confidential)

NAME _____

ADDRESS _____ City _____ State _____ Zip _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ CELLPHONE _____

MARITAL STATUS Married Single Divorced

DRIVER'S LICENSE # _____ STATE ISSUED _____

Availability

During which hours are you available to volunteer?
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Morning Afternoon Evening

How many hours will you be able to work and how frequently?
Weekly _____ Bi-Weekly _____ Monthly _____

Interests

Check which areas you are interested in volunteering

_____ Shelter Relief _____ Support Group Facilitator _____ Fundraisers _____
_____ Resume Assistance _____ Events _____ Mentor _____ Transportation _____
_____ Educator/Teacher _____ Maintenance/Car _____ Maintenance/ Shelter _____
_____ Childcare _____ Legal Assistance _____ Medical _____ Office Assistance _____
_____ Pick-ups/ Delivery _____ Lawn maintenance _____ Other _____

Please list your skills, educational background or other areas of expertise that you have to offer to *Davidson County Transitional Services* as a volunteer?

Have you ever been a volunteer before? ___ Yes ___ No If yes, when, where, and what organization? What activities were included?

What made you interested or motivated to be a volunteer at *Davidson County Transitional Services Inc.*?

Have you ever been convicted of a crime? ___ Yes ___ No if yes, please explain (Having a criminal background does not exclude you from working at our facilities). For the safety of our residents we have to know what type of crime, if any for documentation. (*Background check may be conducted*)

Have you ever been accused of or charged with being a child abuser and/or domestic violence? if yes, please explain: YES NO

EDUCATION

High School: _____

City: _____ State: _____

College/University:

City _____ State _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

STAFF USE ONLY

Date Received: _____ Telephone Interview _____

In person interview _____

Date Contacted: _____ Orientation Date _____

BACKGROUND INFO:

ADDITION INFO:



Hands Targeting the Bulls-eye of Everyday Problems