



Volunteer Internship Application

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 the organization's business, including the location of the Safe House. I understand that confidentiality is of the utmost importance in serving clients' needs. I further understand that any infraction of this rule will mean the 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 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 (spouses 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 is 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 understand the terms of volunteer activity.

Volunteer Signature _____ Date _____

Staff Signature _____ Date _____

I certify that my answers are true and complete to the best of my knowledge. I authorize Davidson County Transitional Services, Inc. to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability when responding to inquiries in connection with my application. In the event I am employed at Davidson County Transitional Services, Inc., I understand that the false or misleading information given in my application or interview(s) may result in discharge.

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 _____

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 must 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

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:
