



## **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. 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.

I 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 its volunteers from any and all responsibility for any consequences which may result should I continue to maintain a relationship with clients after their relationship has terminated with DC Transitional Services.*

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, 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 \_\_\_\_\_

Mailing Address:

Davidson County Transitional Services (DCTS) Inc.,

PO Box 632

Thomasville, NC 27361

**VOLUNTEER APPLICATION**  
(All information will remain confidential)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**Availability:**

During which hours are you available for volunteer assignments?

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:**

Tell us in which areas you are interested in volunteering

\_\_\_\_\_ Shelter Relief \_\_\_\_\_ Sort Clothes \_\_\_\_\_ Cooking

\_\_\_\_\_ Events \_\_\_\_\_ Mentor \_\_\_\_\_ Transportation

\_\_\_\_\_ Childcare \_\_\_\_\_ Legal Assistance \_\_\_\_\_ Medical

\_\_\_\_\_ Office Assistance \_\_\_\_\_ Pick-ups and delivery of furniture

\_\_\_\_\_ 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 the shelter of transitional center. We just have to know what type of crime if any for documentation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Agreement and Signature**

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

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