



12041 Ravenna Road
Chardon, Ohio 44024
(440) 286-7154 x224

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Birthday: _____ Are you 18 years of age or older? ___ Yes ___ No

Are you presently employed/attending school? ___ Yes ___ No

If yes, where? _____

How did you hear about us? _____

Why do you want to volunteer at WomenSafe, Inc.? _____

Name three qualities/skills that you have to offer survivors of domestic violence:

Name three things that you expect to gain from your volunteer work: _____

List any training or formal education that you have had that may help you to volunteer with WomenSafe, Inc.: _____

List any present or previous volunteer experiences: _____

How many hours per week do you wish to volunteer? _____

Regarding being scheduled to volunteer, which do you prefer?

- Regularly scheduled hours
- Being scheduled as needed throughout the year

Are there days and/or times that you prefer to be scheduled?

Yes No

If yes, what are they? _____

Please provide the names, addresses and phone numbers of 3 references that you have known for at least one year (only one reference may be a relative):

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Relationship: _____ Relationship: _____

Name: _____

Address: _____

Daytime Phone: _____

Relationship: _____

Have you ever had any previous contact with WomenSafe, Inc.?

Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Please list the name and telephone number of a person that we can contact in the case of an emergency:

Name/Relationship

Telephone Number

We have a non-violent philosophy for clients using our services, staff and volunteers. This means that there is no verbal, emotional or physical abuse allowed by women or men residing at the shelter, clients, staff or volunteers involved with our agency. Do you feel comfortable adopting this philosophy during your time as a volunteer? Please explain:

ALL VOLUNTEERS MUST ATTEND APPROPRIATE ORIENTATION AND CONTINUING EDUCATION TRAININGS. VOLUNTEERS MAY BE ASKED TO CONSENT TO A CRIMINAL BACKGROUND CHECK AT THEIR OWN EXPENSE.

I am willing to participate in the screening, orientation and training procedures involved. I will keep the confidentiality code enforced by this agency in Section 3.2 of the policy and procedure manual.

Signature

Date

Social Security Number

PERMISSION TO CONDUCT REFERENCE CHECK

I _____ (volunteer's name), hereby authorize WomenSafe, Inc. to conduct a reference checks from names listed above in connection with my volunteer application, and release them from any liability in regard to the same.

Signature

Date

VERIFICATION STATEMENT

I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications may not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after hiring.

Signature

Date

PERMISSION TO VERIFY CONTENT

I _____ (volunteer's name), hereby authorize verification of all statements herein and release WomenSafe, Inc., the Green House and all others from liability in connection with same.

Signature

Date

Volunteer Interest Survey

(*) indicates positions requiring fingerprints on file

Please check those areas in which you have an interest in helping:

RESIDENTS *

- _____ Transportation
- _____ Visit with residents
- _____ Provide education to residents
- _____ Assist with resident relocation

CHILDREN *

- _____ Tutor/Assist with schoolwork
- _____ Play games
- _____ Crafts
- _____ Childcare/Babysitting
- _____ Reading to children

ON-CALL ADVOCACY *

- _____ Receive crisis calls from victims of domestic violence and assisting them in getting their needs met.

SPECIAL EVENTS

Community Public Relations

- _____ Distribute WomenSafe literature (i.e., posters, flyers, etc.)
- _____ Staff booths at fairs and other community activities
- _____ Make phone calls to targeted community group to market community presentations
- _____ Assist with speeches or community presentation

Audience Preference:

- _____ Students
- _____ Community/civic groups
- _____ Volunteers
- _____ Potential donors

Soliciting donations/working at special events

- _____ Staff specific jobs at special events
- _____ Solicit donations from the community
- _____ Participate on special event committees in the planning of fundraisers
- _____ Bake desserts for special events
- _____ Handle financial transactions/registration at special events *

Publicity

- _____ Assist with mailing/coordination of newsletter
- _____ Design publicity materials for special events or fundraisers

HOST

- _____ Annual Picnic
- _____ Volunteer/Staff holiday party
- _____ Volunteer meetings

CLERICAL

General

- _____ Xerox/File/Data Entry
- _____ Prepare mailings
- _____ Work on specialized program development projects/databases
- _____ Answer phones at shelter *

SHELTER/DONATIONS

Shelter maintenance

- _____ Paint
- _____ Wallpaper
- _____ Clean
- _____ Organize storage cabinets
- _____ Small household repairs
- _____ Lawn care

Donations

- _____ Pick-up donations
- _____ Sort donations

MISCELLANEOUS

Please list any additional activities that you wish to do that are not listed on this form.

BOUNDARY POLICY

WomenSafe, Inc., the Green House * 12041 Ravenna Road * Chardon, OH 44024
440-286-7154 or COPEline at 1-888-285-5665

Thank you for your interest in becoming a volunteer at WomenSafe, Inc. Below is a list of guidelines for all volunteers to follow.

- Volunteers may only engage in work reflective of their particular job assignment or as assigned by a WomenSafe, Inc., the Green House staff member.
- Volunteers may only come into contact with clients when it pertains to work assigned by WomenSafe, Inc., the Green House staff. All relationships must remain at a professional level.
- Volunteers should be aware that everyone must maintain a standard of professionalism associated with WomenSafe, Inc., the Green House
- Crisis calls should not be received at home (unless serving on-call duties). All calls should be routed through COPEline (1-888-285-5665).
- Physical contact with clients is forbidden unless you have permission from that individual. Any form of sexual contact is absolutely forbidden.

Thank you for your willingness to comply with the above. I assure you that your cooperation will make everyone's experience a more pleasant one.

Volunteer Signature

Date

Witness

Date

STATEMENT OF CONFIDENTIALITY

WomenSafe, Inc., the Green House * 12041 Ravenna Road * Chardon, OH 44024
440-286-7154 or COPEline at 1-888-285-5665

I, the undersigned, do hereby declare that I understand the principle of confidentiality will be **strictly** observed by all Board members, staff, and volunteers.

I, therefore, promise the following:

Under no circumstances will I disclose the identity of any client to anyone, including other clients, without the authorization of the Executive Director.

Under no circumstances will I disclose any personal information pertaining to callers and/or volunteers that might come into my possession without authorization of the Executive Director.

Under no circumstances will I disclose the inner workings of the shelter without the authorization of the Executive Director.

Under no circumstances will I tape record any telephone calls or counseling sessions without the authorization of the client involved and without a written Release of Information on file.

Under no circumstances will I visit any persons using the service of the agency, nor establish a relationship with a client, unless authorized by the Executive Director.

In the event of my termination or resignation, I will keep strictly confidential all information related to the work of the organization.

I further agree to release WomenSafe, Inc., the Green House from responsibility or liability arising out of my violation of this Statement of Confidentiality.

Violation of this Statement of Confidentiality shall be cause for immediate suspension and/or dismissal.

Name (Please print)

Signature

Date

Witness