



WISE HOPE SHELTER & CRISIS CENTER'S APPLICATION FOR VOLUNTEER SERVICES

Date of Application: _____

Full Name: _____

Last

First

Middle

SS No.: _____

DL No.: _____

Address: _____

City

State

Zip Code

Phone No.: _____ Email: _____

Are you 18 or older? Yes () No () (If no, hire is subject to verification that you are of legal minimum age to work.)

Have you ever been arrested or convicted of a sex related and/or assault offense?

Yes () No ()

Have you ever been convicted of a crime in a civilian or military court?

Yes () No () If yes, please explain: _____

Have you ever been discharged from the Armed Forces under other than honorable conditions? Yes () No () If yes, please explain: _____

(A dishonorable or general discharge is not an absolute bar to volunteering; other factors will affect a final decision.)

Volunteer Position

Please circle each location you are interested in volunteering for...

Wise Hope Shelter

Wise Hope Crisis Center

The Hope Chest

Wise Hope Crisis Center (Jack Co.)

Wise Hope Crisis Center (Montague Co.)

Position and/or duties applying for: _____

Check all shifts you will accept: Day () Evening () Nights () Relief ()
Weekends () Holidays ()

Date you can start: _____

Are you now working/volunteering for or have you ever worked/volunteered for a Rape Crisis/Domestic Violence Center? Yes () No () If yes, where, when and what position: _____

List any relatives working for or holding office for Wise Hope: _____

Education

Circle that last year/grade completed:

Elementary: 5 6 7 8 **High School:** 9 10 11 12 **College:** 1 2 3 4

Did you graduate? Yes () No () If yes, what is your degree in? _____

Describe any experiences, skills or qualifications you possess which will be helpful for the volunteer position you are applying for, such as typing, transcribing, operation of special machinery or equipment, professional licensing, bilingual, etc... Indicate any training you have had that is directly related to the position for which you are applying: _____

References

Name: _____
Phone No.: _____
Address: _____

Name: _____
Phone No.: _____
Address: _____

Employment

Are you currently employed? Yes () No ()

Employer: _____

Phone No.: _____

Address: _____

City State Zip Code

Have you been terminated or asked to resign from employment within the last five years? Yes () No () If yes, please explain: _____

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

I _____ understand that it is the policy of Wise County Domestic Violence Task Force that each employee, intern, and volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval to Wise County Domestic Violence Task Force to perform the criminal background search. **I hereby give my permission to Wise County Domestic Violence Task Force to obtain information relating to my criminal history record through established on-line data providers.** The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with Wise County Domestic Violence Task Force. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Wise County Domestic Violence Task Force and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer, staff member or intern of Wise County Domestic Violence Task Force.

Date of Birth: _____ Social Security No.: _____

Driver's License No.: _____ Expiration date: _____

I have attached a photocopy of my driver's license: Yes () No ()

Other names I have used: _____

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date

WISE HOPE SHELTER AND CRISIS CENTER AGREEMENT OF CONFIDENTIALITY

Volunteers

The Wise Hope Shelter & Crisis Center is committed to the safety and welfare of its clients. The WHSCC is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety.

Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled, and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- (1) Communications, information and observations made by and between or about adult and child clients, staff, volunteers, student interns, and board members;
- (2) Addresses of employment, residence, and family addresses of clients, staff, volunteers, student interns, and board members;
- (3) Names of clients, staff, student interns, and volunteers unless written permission is provided by the individual and approved by the Executive Director;
- (4) Photographs taken of clients, staff or volunteers.

Volunteers must never release confidential information, either over the phone or in person, about the WHSCC and its clients without the express permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters, or other interested parties.

I have read the WHSCC's Agreement of Confidentiality and agree to abide by its conditions of confidentiality. I understand that these conditions apply to me as I serve as a volunteer and continue to be binding on me when I leave the WHSCC, and that a violation may be grounds for termination of volunteer status and possible civil liability.

Volunteer Signature

Date

Volunteer Coordinator

Date

I certify that all the information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Wise Hope is hereby authorized to make any investigation of my educational or background history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

If chosen as a volunteer by Wise Hope, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for volunteering or cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered. I agree to furnish additional information as may be required to complete my file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I have read and reviewed the job description of the position for which I am applying. I understand that I must be capable of performing the essential functions of my position effectively and safely, with or without reasonable accommodations. I also understand that my position may require certain skill criteria in order to perform the essential functions of the job. If requested, I agree to take a skills test in order to qualify for the position for which I am applying.

I further understand that this is an application for a volunteer position and that no employment contract, either express or implied, is being offered. I also understand that the position is for an indefinite period and is subject to change in conditions and operating policies.

Volunteer Signature _____
Date

FOR VOLUNTEER COORDINATOR USE

Application Received _____
Background checked _____
Interviewed _____
Training Completed _____