

The Family Crisis Center of East Texas, Inc.
(Women's Shelter of East Texas)

Volunteer/ Advocate Application

(Including Interns and Work Study)

Date: _____

Please check one: *(See Volunteer Categories for details)*

Direct Service Volunteer

Non-Direct Service Volunteer

Please Print All Information

Name: _____ DOB: _____ SS# _____

Address: _____

Street

City

State

Zip

Phone: _____

Home

Work

Cell

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Bilingual? *(Please Check)* YES NO

Language

Read

Speak

Write

Can you furnish your own transportation? *(Please Check)* YES NO

Volunteer Experience:

Please list all present or past volunteer experience (add additional pages, if needed)

Program/Agency

Position

Supervisor

Program/Agency

Position

Supervisor

Program/Agency

Position

Supervisor

Describe your education, training, skills, and talents:

How many hours would you like to volunteer? ____/month ____/week ____/day

How did you learn about our program?

What do you hope to gain by volunteering for this program?

Do you hold beliefs that would limit your ability to work with victims of sexual assault/domestic violence?

Yes No If yes, please explain:

****For Direct Service Volunteers Only****

References

Please list three people other than relatives:

Name	Address	Phone (work/home)
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Name	Address	Phone (work/home)
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Name	Address	Phone (work/home)
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Thank you for your interest in this program. We appreciate your desire to become an advocate for sexual assault/domestic violence survivors, their family members, and friends. Please note that we will screen each applicant and may check references before training. Once we approve an individual for training, they must successfully complete the required course. The Volunteer Coordinator will then determine when volunteer services will be needed and assign a schedule. We will not allow a person who does not complete the training course requirements or who does not follow their volunteer duty description agreement to volunteer for this program. Each candidate has the right to discuss problems or concerns with the Volunteer Coordinator as needed.

By signing below you are agreeing that you have read and understand the information above.

Signature

Date

Volunteer Opportunities

The following categories are considered **Direct Service**:

- **Safehouse Support**: Volunteer will assist shelter staff. Duties may include providing a listening ear and practical support for residents, cooking, cleaning, making folders and other duties assigned.
- **Legal Advocacy**: Volunteer will assist victims of domestic violence and sexual assault in discovering their legal options and advocate for their rights in the criminal justice system. Volunteer will also assist clients in identifying and utilizing community resources.
- **Sexual Assault Advocacy**: (Requires 40 hour training) Volunteer/Advocate will respond to sexual assault calls by providing hospital and court accompaniment. Sexual assault advocates will be on call in rotating shifts.
- **Children's Activities**: Volunteer will assist child advocate and staff by providing a positive experience for children under stress. Activities will include playing with or reading to children, making crafts, decorating the safe house and other duties assigned.

The following categories are considered **Non-Direct Service**:

- **Office Support**: Volunteer will assist office personnel by providing clerical support, answering phones, accepting and acknowledging donations, typing, preparing mailings and other duties as assigned.
- **Fundraising**: Volunteer will assist staff with fundraising activities, such as planning, decorating, and cleaning after events.
- **Community Awareness**: Volunteer will assist staff with various promotions including planning, distribution of materials, fundraising and other duties assigned.
- **Thrift Store**: Volunteer will assist staff by accepting and documenting donations, sorting and pricing merchandise, customer service, shop upkeep and other duties as assigned.
- **Donation Pick-up/ Drop Off**: Volunteer will assist staff in picking up or moving furniture and other large items to and from the shelter, offices, thrift store, storage and other locations as needed.
- **Landscaping**: Volunteer will assist staff in maintenance of the grounds of various agency locations. Duties may include mowing, weeding, planting, watering, pruning etc.
- **Maintenance & Renovations**: Volunteer will assist staff in general maintenance and repair to agency facilities. This includes renovations and special decorating projects at the safe house.

VOLUNTEER SCHEDULE:

Please indicate below the times you are available to volunteer.

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

Saturdays: _____

Sundays: _____

If you have any additional comments please enter them below.

If you are an Intern or Work Study Student please record below your professor's name, contact number, and total number of hours needed for the semester.

Family Crisis Center of East Texas
(Women's Shelter of East Texas, Inc.)

VOLUNTEER/INTERN CODE OF ETHICS

RESPONSIBILITY TO CLIENTS

I AFFIRM THAT:

I shall not discriminate against or refuse volunteer services to anyone on the basis of race, color, creed, age, sex, religion or national affiliation.

I do not use my volunteer/intern relationship with clients to further my own interest.

I shall evidence a genuine interest in all Family Crisis Center clients and do hereby dedicate myself to the best interest of those clients.

CONFIDENTIALITY

I AFFIRM THAT:

I shall respect the privacy of clients and hold in confidence all information obtained in the course of volunteer/intern service. Therefore, I will not disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where I am a defendant in a civil, criminal, or disciplinary action arising from the services (in which case client confidences may only be disclosed in the course of action); (4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver. I shall be responsible in conducting my volunteer/intern duties in ways that maintain confidentiality.

I shall possess a professional attitude, which upholds confidentiality toward clients, colleagues, applicants and any sensitive situations arising within the agency.

I, upon leaving my volunteer/intern position, shall maintain client and worker confidentiality and shall hold as confidential information about sensitive situations within Family Crisis Center of East Texas, Inc.

RESPONSIBILITY TO AGENCY STAFF

I AFFIRM THAT:

I shall respect the rights and views of all Family Crisis Center personnel and treat them with fairness, courtesy and good faith.

I shall be aware of my potential influences on other volunteers/interns and will not exploit their trust. I will make every effort to avoid dual relationships that could impair my professional judgment.

I shall not engage in or condone any form of harassment or discrimination.

I shall respect the confidences of Agency personnel.

I shall extend respect and cooperation to all individuals within the agency.

RESPONSIBILITY TO AGENCY

I AFFIRM THAT:

I shall work to improve the effectiveness and efficiency of volunteer/intern services provided by the agency.

I shall use the resources of the agency only for the purposes for which they were intended.

I shall fulfill any and all commitments made by me to the agency.

I shall maintain respect for agency policies, procedures and management decisions

I shall support the integrity and reputation of the agency.

PUBLIC STATEMENTS

I AFFIRM THAT:

As a volunteer/intern with the Family Crisis Center, I will not make public statements pertaining to this agency without the expressed consent of the Executive Director.

I UNDERSTAND THAT:

Violation of the Code of Ethics may be grounds for my immediate dismissal.

Signature

Date

Women's Shelter of East Texas, Inc.

Confidentiality Statement

Carefully read the following statement. If you are able to comply, please sign below:

The *Women's Shelter of East Texas, Inc.* is committed to the safety and welfare of its clients. The Shelter is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety. Confidentiality is demonstrated by keeping all information such as personal information, communications, and observations confidential.

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:

- Communications, information, and observations made by and between or about adult and child clients, staff, volunteers, student interns, and board members.
- Employment, residence, and family addresses of clients, staff, volunteers, student interns, and board members. The addresses of board members and staff may be released to funding and professional organizations.
- Names of clients, staff, volunteers and student interns, unless written permission is provided by the individual and approved by the Executive Director.
- Photographs taken of clients, staff, student interns or volunteers.
- The location of the satellite safe house.
- Board members will not use their position on the Board of Directors to obtain or access confidential client information.

By signing this agreement, you agree to never release confidential information, either over the phone or in person, about the Family Crisis Center (Women's Shelter of East Texas, Inc.) and its clients without the expressed permission of the Executive Director or a designated staff member.

I have read the **Family Crisis Center of East Texas (Women's Shelter of East Texas, Inc.) Agreement of Confidentiality** and agree to abide by its conditions of confidentiality. I understand that these conditions apply to me and continue to be binding on me when I leave or am no longer associated with the Shelter and that a violation may be grounds for civil liability and may also be grounds for termination of employment, or services.

Confidentiality is waived when reporting abuse or suspected abuse of children, the elderly, and people with disabilities, in order to comply with the applicable state laws and /or when reporting to appropriate mental health authorities in case where a client could be a danger to herself/himself or others. WSET is a mandatory reporting agency of abuse or suspected abuse of children, elderly, and people with disabilities.

Name (Printed)

Signature

Date

Women's Shelter of East Texas, Inc.

Release of Liability

Volunteers

Please read the following statements releasing the Women's Shelter of East Texas, Inc. (WSET) from liability and indicate your understanding by signing below.

LIABILITY RELEASE

I ACKNOWLEDGE that I am not an employee of WSET and that my performance of voluntary services will be without remuneration. I UNDERSTAND that I will not be insured under the WSET worker's compensation program nor entitled to medical or other benefits from WSET.

I AGREE to respect the persons, privacy and possessions of the clients, staff, interns, and volunteers of the Women's Shelter of East Texas and to ensure that all those who accompany me do the same.

I RECOGNIZE that I alone am responsible for my safety and health and for the safety and health of any persons who might accompany me. I alone am responsible for my/our possessions. The staff and/or volunteers at WSET cannot safeguard or be responsible for me, all those that may accompany me or my/our possessions.

In regard to the services provided by WSET to me and to those accompanying me, I UNDERSTAND that WSET assumes no liability or responsibility whatsoever in connection with the services provided, for any act of omission or commission which might be constituted as negligence; nor for any loss, theft, or injury to persons or property; nor for any accidents that may occur during any transportation by staff, interns, volunteers, or clients to or from any location; nor for any illness, damage, or inconvenience sustained by me or others accompanying me.

I AGREE to hold WSET, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me or those accompanying me.

While volunteering for WSET, I AUTHORIZE the taking of my picture, by photograph, movie or videotape, by WSET staff or anyone authorized by the WSET, I hereby irrevocably CONSENT to and AUTHORIZE the use and reproduction of any and all photograph, movies, and videotapes which may have been taken of me for any purpose whatsoever without any compensation to me.

By signing below, I certify that I have read and understand the above release of liability.

Volunteer Name Printed

Signature of Volunteer

Date

Release for Background Check

I _____ understand that a background check is required in order to become an employee/ volunteer/ advocate for the Family Crisis Center (*Women's Shelter of East Texas, Inc.*) I realize that this background check consists of criminal history including sex offender information. I agree to provide the necessary information in order to complete this background check. I further agree that presence of criminal history may exclude or eliminate me from being an employee/ volunteer/ advocate of the Women's Shelter of East Texas, Inc. I understand that any information about my criminal history will not be released to anyone by any official representative of The Women's Shelter of East Texas, Inc. By signing below I certify that I have not been convicted of any crimes, I have a valid driver's license and there is nothing that will inhibit me from participating as a volunteer of the Women's Shelter of East Texas, Inc.

Signature

Date

Print Name (as shown on Driver's License)

Driver's License Number (list state as well)
OR

Social Security Number

Date of Birth

City/State Born

Ethnicity

Background Check Completed By: _____ **Date** _____

Background Check Status: Clear _____ **Record** _____
(See attached information)

I understand that the Family Crisis Center of East Texas (*Women's Shelter of East Texas Inc.*) will refer to the agency's Internal Database to determine if applicants for employment, board member consideration, volunteer work or internship are a current or former client. Per agency policies and procedures, former clients may serve in a board, staff, intern or volunteer position after one year following termination of client services from WSET with the approval of the Executive Director. Signing below will constitute your consent for the Family Crisis Center of East Texas (*Women's Shelter of East Texas Inc.*) to refer to the Interagency client database as a part of the background application process.

Signature

Date