

Experience and/or education you have related to this area (counseling, teaching, drug & alcohol, first aid, CPR, shelter work, law enforcement, etc.) _____

Do you have any specific training in family and/or domestic violence? Please describe. _____

What are your personal attributes/strengths that will help you be effective in providing victim assistance? _____

Do you have any limitation that can affect your effectiveness as a victim advocate? _____

Have you ever been a victim of domestic violence or sexual assault? If yes, when and do you think it will effect your working with other victims? _____

How do you think others will feel about you volunteering for this type of work? _____

Do you understand it is important to keep all information about victims strictly confidential? _____

Do you have any specific questions at this time about our program? If yes, please list them. _____

Do you know of anyone who might be interested in helping us with this program? If yes, please list or provide them with our contact information. _____

What type of volunteer work are you interested in doing? Please check all that apply.

Hotline _____ Victim Advocate _____ Transportation _____

Rape Advocate _____ Court Advocate _____

Other _____

How much time do you think you could donate to help us per month? _____

Are there any specific days or nights that you could donate a block of time?

Do you have your own transportation? _____

Please list three references (personal or business):

Name Address Phone

Name Address Phone

Name Address Phone

All information contained in this volunteer application is restricted to the Alliance Against Family Violence and may not be released to anyone without the written approval of the applicant. This information is confidential and may be used only to help the AAFV select volunteers and match them with the best work they might do to assist the AAFV on its projects.

As a volunteer for the AAFV, I understand that there are screening, orientation, and training procedures that I will be required to complete to work as a volunteer with victims of domestic violence and sexual assault.

Furthermore, I agree to hold all information I have access to concerning clients or former clients confidential, and will not divulge information to unauthorized persons. I understand that divulging confidential information to unauthorized persons can be cause for dismissal from the program.

Signature of Volunteer Applicant: _____

Date: _____

Volunteer Contract

I, _____, agree to volunteer at the Alliance Against Family Violence for a minimum of _____ hours per month, for the next _____ months.

As this shelter is a safe place and its location a secret, as a volunteer I agree to protect the security of the shelter.

Volunteers will respect the confidentiality of all residents. Any information made known to me about their situation as a result of being a volunteer will be confidential. Volunteers will respect the confidentiality of staff and other volunteers: names, addresses, and phone numbers will not be divulged except to other volunteers/staff for the purposes of communication.

Volunteers will report promptly for duty and meeting. If unable to work your shift, volunteers will find a replacement and notify staff of all changes.

Attitudes – Volunteers will recognize the right of battered persons to make their own decisions and will provide support. The volunteer will provide support as the residents assume control over their own lives. Sexist, racist, age related comments/ attitudes, verbal, emotional, and physical abuse will not be tolerated in any form by staff, volunteers or residents.

Interpersonal problems will be brought to the attention of the Volunteer Coordinator. Development classes will be presented at volunteer meetings. In-service training/ regional meetings are optional, but you are encouraged to attend.

Bookkeeping/Paperwork- Volunteer will read log and provide a brief summary prior to going of-duty. Intakes and information call sheets will be legible, accurate, complete, and appropriate for the specific form and turned into the shelter ASAP.

Timesheets- Volunteers will complete a time sheet for hours and turn in to the Volunteer Coordinator by the 10th of the following month.

Signature: _____

Date: _____

Alliance Against Family Violence
205 S 5th Street, Leavenworth, KS 66048

CONFIDENTIALITY AGREEMENT

Confidentiality Information (as per federal regulations)

In the performance of your duties you will have access to information and records, which are positively confidential. No portion of the client records will be removed or copied without the consent of the Executive Director and/or member of the personnel committee at the Board, or a court order (exception, the transfer of records at the client's written consent). You will not discuss the contents of any client record, or the fact that you have seen or spoken with an individual at AAFV with anyone.

Employees are not to discuss matters regarding clients or employees with anyone outside the staff. It is sometimes necessary to discuss a client case with a volunteer on duty, but only when related to care. **NO ONE** other than employees and on-duty volunteers shall have access to the files.

Infraction of the above rules will be cause for immediate dismissal.

Verbal or written information from any record **will not** be furnished to any source without written authorization from the client (or court order).

I understand that if I divulge any information regarding an AAFV client without consent of that individual, I am subject to suspension and/or dismissal.

Signature: _____

Date: _____

Witness: _____

Date: _____