

Volunteer Application

Date	_			
Name	DOB			
Address	City	State	Zip Code	
Phone (Day)	(Evening)			
Driver's License # & State				
E-Mail Address				
Emergency Contact		_Phone		
Previous or Current Volunteer Experience				
Why do you want to volunteer with our	agency?			
Is there a specific way you would like to				
How did you hear about our agency's vo	olunteer opportunities?			

What are your hobbies, i	nterests, and skills?		
Please list any languag	ges in which you are flu	ent:	
Are you willing to trave	l if requested (example	: transporting cli	ents to appointments)?
Yes No			
Availability: (Please Spec	cify Hours)		
Monday	Tuesday	We	dnesday
Thursday	Friday	Saturday	Sunday
Are you eligible for lawfu upon acceptance for volu		ntry? F	roof of citizenship will be required
The Family Crisis Center of the Check? If no, plo	-		unteers. Do you agree to such a
Have you ever been conv	ricted of a misdemeanor o	or felony, including	g child abuse or molestation?
If yes, please explain			
References: List three no volunteer position. Give	,	•	ces on your ability to perform this
1) Name	Addre	ess	City
StateZip	E-mail/Phone		
2) Name	Addre	ess	City
StateZip	E-mail/Phone		
3) Name	Addre	ess	City
StateZip	E-mail/Phone		
Signature:			Date:

Volunteer Opportunities

Please check all areas of interest.

Shelter Advocate	Answer phones, receive donations, provide shelter coverage	
Children's Advocate	Assist in weekly Children's Group Tuesday 6pm-8pm	
Rape Crisis Companion	Accompany rape victims to the hospital, police station, and through the criminal justice process. (training required and will be on an on call basis)	
Court Advocate	Provide support to women going through criminal justice process. (training required)	
Women's Group Co-Facilitator	Co-facilitate women's support group. (training required)	
Transportation	Drive women to local agencies. (vehicle required)	
Child Care	Watch children at the shelter while mother's visit other agencies.	
Red Door Boutique	Receive, sort, and hang donations.	
Speaker's Bureau	Present programs to community organizations, Church Groups, Schools, etc. (training required)	
Board of Directors	Serve on one of the five committees for a three year term. Attend board meetings and other events. (training required)	
Maintenance	Do yard work, move furniture, plumbing, electrical, painting, carpentry, appliance repair, etc.	
Shelter Needs	Provide supplies such as toiletries, paper products and food as needed.	
Fundraising	Raise funds, organize, implement and evaluate fund raising events.	
Youth Mentor (BMAD)	Mentor children ages 8-12	

Training classes are offered free of charge throughout	the year. The Family Crisis Center's
Volunteer Coordinator will contact you regarding train	ing classes if applicable.
Name:	Phone:

Volunteer Code of Ethics

As a volunteer, I understand that I am subject to a code similar to that of professional employees. I accept the duties and responsibilities of my position and pledge to accomplish them. I further understand that my work compliments the work of paid staff members, and I agree to work without monetary compensation.

As a volunteer I will:

- Promise to be dependable and if I am unable to keep my commitment, I will notify the appropriate person.
- Respect confidential information.
- Understand the need for and accept diversity in the workplace.
- Agree to a performance evaluation.
- Accept the policies and procedures of the agency.
- Freely share information with my supervisor, the volunteer coordinator, or administrator.
- Perform volunteer duties to the best of my ability.
- Be a liaison between the agency and the community.

As a volunteer I can expect to:

- Be treated as a co-worker.
- Have an appropriate job assignment.
- Learn about the agency.
- Receive adequate training, supervision, recognition, and evaluation.
- Feel free to share information with my supervisor.

Signature:	Date:

Randolph County Family Crisis Center Confidentiality Regulations

Definitions:

"Client" means any individual who makes inquiries, is interviewed, or has otherwise been served to some extent by the Family Crisis Center.

"Client Information" means any information, whether recorded or not, relating to a client which was received in connection with the performance of any function of the Family Crisis Center.

"Client Record" means any file made of client information.

"Delegated Employee "means anyone designated by the Executive Director to carry out the responsibilities established by the Family Crisis Center.

Statement of Guiding Principles

At the Family Crisis Center, we believe we must take every possible measure to protect the confidentiality of client information. Release or disclosure of client information to an individual outside of the Family Crisis Center shall be prohibited except under the following instances.

- When written authorization for the release has been given by the client. Such release must state specifically what items are to be released, to whom, and for what purpose.
- When it has been determined by a properly delegated employee that there is imminent danger
 to the health or safety of another or there is likelihood of commission of a crime or there is
 suspected child abuse.
- When in response to a subpoena. A subpoena to produce all or part of the client's record is an
 order to bring the document to the court room on a specified date, time, and location, but not
 to turn the document over to anyone. A subpoena for records must be in writing.

Professional Confidentiality

Discussion of one's client's information with another client is strictly prohibited. Location of the shelter, names of clients (past and present), names and/or phone numbers of staff and/or advocates shall be strictly confidential. It is a breach of professional courtesy as well as a breach of members' or advocates' personal matters or client information so that such information can be overheard by others.

Client Access

Confidentiality of information is the privilege of the client: upon request, the client shall have access to review or obtain copies of the information in his/her records.

Security of Client Information

All records shall be kept in a secure place with controlled access.

Assurance of Confidentiality

Family Crisis Center will make known to all employees, advocates, volunteers, students, and all other individuals with access to all other individuals with access to client information the privileged and confidential nature of such information. The Board of Directors shall be responsible for the adoption by RCFCC of written policies in accordance with these rules and provide training for all persons with access to client information. Such individuals shall indicate an understanding of the rules governing client confidentiality by signing the following statement of compliance and understanding on an annual basis.

Statement of Compliance

As an active participant in the Family Crisis Center program, I realize that I am subject to a code of ethics similar to that which binds the professional. I have read, understand, and agree to abide by the confidentiality rules set forth by the Family Crisis Center. I further understand that failure to comply with the confidentiality rules may constitute a misdemeanor, and may be punishable by fine or imprisonment as well as by termination from my position with the Family Crisis Center. I also understand that these confidentiality rules continue to apply even after my employment with the Family Crisis Center is over.

First N	me Last Name			
Addre	ss			
City		State	Zip Code	
Phone	Number	Email		
Signat	ure		Date	
	Please contact me about volu	nteer opportunities		
	Please do not contact me abo	ut volunteer opportunities		