

Welcome!

We would like to thank you for your interest in volunteering with Domestic Violence Program and Sexual Assault Services. Volunteers are vital to our program and to our clients. An act of domestic violence occurs every ten seconds in the United States causing emotional trauma, injury, and even death. Domestic and sexual violence are enormous social problems affecting one in four women, one in ten men, and countless numbers of children. With the help of volunteers, our program is more effectively able to meet the needs of our clients thus improving outcomes and preventing further violence in the community.

WE ARE COMMITTED TO ENDING VIOLENCE AND DISCRIMINATION IN THE LIVES OF VICTIMS SUFFERING THE PAIN, FEAR, AND SHAME OF DOMESTIC AND SEXUAL VIOLENCE. WE PROTECT VICTIMS, PREVENT VIOLENCE, AND EMPOWER SURVIVORS.

Please note that we cannot process your application unless you have all pieces of information required for your level of volunteering. For best results, turn in the following parts together:

For Helping Hearts, Helping Minds, and Advocates:

- ✓ **Create a volunteer account at HandsOnNashville.com (we list volunteer opportunities here)**
- ✓ **Two part application**
- ✓ **Confidentiality contract**
- ✓ **Volunteer agreement**
- ✓ **Form of picture identification**
- ✓ **Payment for nationwide background check (\$9.95 - single or \$12.90 - name change; can be check or cash)**

For Helping Minds and Advocates:

- ✓ **Resume with references**

It is our sincere hope you always feel appreciated by our staff, *because you are!* We also hope that your volunteer experience is a rewarding one. Please let the Volunteer Coordinator know if you have any questions, problems, or concerns about your role as a volunteer. No value can be placed on what you bring to our program. We can't do it without you!

With Sincere Thanks,

Kara Atkins

Volunteer Coordinator
826 Memorial Blvd
Suite 205
Murfreesboro, TN 37129
615-896-7377
volunteercoordinator@dvpshelter.org

PROTECT. PREVENT. EMPOWER.

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Full Name: _____ E-Mail: _____

Address: _____ City: _____ ZIP: _____

County: _____ Home Phone: (____)____-____ Cell Phone: (____)____-____

Date of Birth: ____/____/____ Age: _____ Gender: _____ Race: _____ Hispanic _____

Marital Status: _____ Spouse/Partner: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
City/ZIP Code	
Home/Cell Phone	
Work Phone	

EDUCATION AND VOLUNTEER EXPERIENCE

Highest Level Education Completed: _____ Student? _____

School: _____ Major: _____

GPA: _____ Volunteer/Internship Required? _____ How many hours? _____

Date Hours to be Completed by: ____/____/____ Required by: _____

Languages: _____

Organizations: _____

Previous volunteer experience:	What?
	Where?
Interests and Strengths:	
Special Training, Certification:	
Who or what prompted you to volunteer with us?	

EMPLOYMENT

**You may attach a resume in lieu of this section*

Current Employer: _____ Job Title: _____

Date Started: _____

Previous Employer: _____ Job Title: _____

Dates Worked: _____

Previous Employer: _____ Job Title: _____

Dates Worked: _____

TRANSPORTATION INFORMATION

Own/Have access to a Truck? _____ Own/Have access to a car? _____

Willing to make deliveries? _____ Auto Liability Insurance? _____

Driver's License #: _____ State: _____ License Plate #: _____

** Please provide copies of driver's license and insurance if you will be transporting clients*

SKILLS AND EXPERIENCE

Check all that apply:

Accounting		Computer (Graphic/Newsletter)		Legal Counsel	
Artist (Graphic)		Computer (Tech Support)		Marketing	
Artist (Visual)		Computer (Word Processing)		Musician	
Beauty Consultant		Court Advocacy		Photography	
Board Member Experience		Crisis Intevention		Professional Counseling/Therapy	
Budget & Household Management		DV Counseling		Public Relations	
Bulk Mailing		DV Survivor		Public Speaking	
Carpentry/Building		Educator/Trainer		Radio/TV	
Catering		Event Planning		Support Group Facilitation	
Clerical		Fundraising		Telephone Counseling	
Committee Work		Grant Writing		Tutoring	
Computer (Data Entry)		Health & Exercise		Writing/Editing	
Computer (Excel)		Health Educator		Other:	

AVAILABILITY INFORMATION

1. Check the box for the time period(s) in the day(s) you're available.
2. Indicate the number of hours per day you would volunteer.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours	X	# of Hours
Morning														
Afternoon														
Evening														

BACKGROUND

Have you ever been convicted of, or plead no contest to, any felony or misdemeanor charges?
___Yes ___No

If "Yes", Please explain where, when, and disposition:

(Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered)

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

VOLUNTEER AGREEMENT

I will be committed to help reduce adverse affects that domestic violence has on its victims. As a volunteer however, I will not give advice, counseling, or pass judgment about clients and their cases. I will attend training sessions and volunteer meetings when they are scheduled and ask questions in order to be informed. I will work together with the staff to carry out the mission with the highest ethical standards. I understand that I am directly responsible to the volunteer coordinator and/or designated staff person. I will be consistent and punctual by being here on the days and times that are agreed to. I will let staff know if there must be a change in the schedule.

As a representative of the Domestic Violence Program, I will act with integrity and thoughtfulness. As a volunteer, I will not represent the Domestic Violence Program either through written or oral communications without the expressed consent of the volunteer coordinator and/or designated staff person. I understand that I am not an employee of the Domestic Violence Program, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Domestic Violence Program for my assigned work duties. It is my responsibility to update any address, emergency or other changes. I will respect each client's right to confidentiality. In addition, I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, alter, or destroy any confidential information belonging to the Domestic Violence Program.

I certify that all information in this form is complete and accurate to the best of my knowledge. I authorize investigation of all statements contained in this form and understand that I may be required to provide verification of information contained in this form.

UNDERSTANDING YOUR INTERNSHIP AS A NON-PAID PLACEMENT

According to the Department of Labor (DOL), a person may be considered an intern or student "trainee" and not an employee entitled to minimum wage and overtime under the FLSA if all the following criteria are met:

1. The training the person receives is similar to that which would be given in a vocational school.
2. The training is for the benefit of the trainee or student.
3. The trainee or student does not displace regular employees, but works under their close supervision.
4. The employer that provides the training does not derive any immediate advantage fro the activities of the trainee or student, and on occasion its operations may be impeded.
5. The trainee or student is not necessarily entitled to a job at the conclusion of the training period or end of internship.
6. The employer and trainee pr student understand that the trainee or student is not entitled wages for the time spent in training and with the internship as a whole.

I have read and understand my internship as a non-paid placement. I also commit to at least 50 hours of volunteer work to the agency before termination except in cases of illness, injury, incompatibility with the program, or other unforeseen circumstances.

Signature: _____

Date: _____

CONFIDENTIALITY CONTRACT

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Phone Number _____

I fully understand the need to strict confidentiality concerning all information received from or about clients of The Domestic Violence Program and Sexual Assault Services. This information includes the identity of clients, content of conversations with clients, professional opinions about clients, and materials from records of clients.

I agree to keep the location of the shelter confidential and understand by breaking this confidentiality agreement that I may endanger Domestic Violence Program clients, volunteers, interns, and staff. In the event that I sever this confidentiality contract, my position in the office will be terminated

As a member of this program, I will not discuss or reveal any information concerning clients to anyone outside the agency, without the client’s understood permission, except in the unusual circumstances of imminent danger to a client or other persons, elderly abuse, and/or child abuse.

I fully agree to contact my supervisor or the on-call staff person anytime I have questions concerning confidentiality.

** Infractions to this contract come in two types:*

Type I-Intentional and Serious: This is when a volunteer knowingly and deliberately commits a breach of confidentiality. The commitment of Type I will result in a discussion of the infraction between the volunteer and the direct supervisor and a written reprimand entered into the volunteer’s personal records, and could be considered grounds for dismissal.

Type II-Unintentional and Moderate: This is when by carelessness, forgetfulness, or poor judgment a volunteer places in jeopardy the confidential record or information regarding a client. The commitment of Type II will result in a discussion between the volunteer and the direct supervisor and noted in writing in the volunteer’s personnel file. Repeated commitment of the Type II infraction could be considered grounds for dismissal.

Signature _____

Date: _____

Release Authorization for Background Investigation (T.C.A. 37-1-414)

I hereby acknowledge that as a condition of my volunteer application with the Domestic Violence Program, the Domestic Violence Program may conduct any or all of the following investigative measures in regard to my application:

- 1) Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application,
- 2) Require me to supply fingerprint samples and/or submit to a criminal history record check to be conducted by an approved Tennessee law enforcement agency,
- 3) Require me to attend a training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit to character, employment, education and reference checks,
- 4) My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip Code:
Social Security #:	Place of Birth:	Work Telephone:	
Driver License #	Date of Birth:		
Birth Name:	Male:	Female:	Home Telephone:
Maiden Name:			
Signature:			Date: