

Please complete the following information and mail to:
Volunteer Coordinator
P.O. Box 3187
Augusta, GA 30914-3187
706-736-2499



VOLUNTEER APPLICATION

Today's Date: _____

Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip _____

Current Occupation: _____

Place of Employment/ School: _____

If you are currently a Student, when is your expected graduation date? _____

What degree or certification are you obtaining? _____

May we call you at work? ____ Work #: () _____

Home #: () _____ Cell #: () _____ E-Mail: _____

Do you have any disabilities that you'd like us to be aware of? (Please explain) _____

Is there an Anniversary Date you would like to share? List date and type _____

Emergency Contact Name & Number: _____ Relationship: _____

Do you have your own transportation? ____ Do you have liability insurance? ____
Do you own a truck or SUV? ____

1.) How did you learn about SafeHomes?

2.) Have you ever been involved, in any way, with a domestic violence program before? ____ Yes ____ No
If yes, in what capacity?

3.) Why did you choose to volunteer with SafeHomes? _____

4.) If you or someone you love is a Survivor of Domestic Violence, please describe where you are in your healing process and how you think this will impact you as a volunteer for SafeHomes?

5.) What would you like to learn and ultimately accomplish from you Volunteer service with SafeHomes?

Please list prior Volunteer Experience/Other Affiliations:

<i>Name of Agency</i>	<i>Responsibilities</i>	<i>Dates Involved</i>	<i>Contact Name & Number</i>

6.) What job experience, activist work, professional training or academic coursework do you offer that pertains to the Domestic Violence field?

7.) What additional skills could you contribute to SafeHomes (e.g., linguistic, technical, artistic, etc.)?

8.) What area/areas would interest you as a volunteer with SafeHomes?

_____ Administrative	_____ Fundraising Events
_____ Community/Speaking Events	_____ Shelter
_____ Children's Activities	_____ Shelter/Administrative Office Maintenance
_____ Donation Organizer	_____ Other (Please List Idea) _____

REFERENCES

Due to the nature of SafeHomes' work, please provide contact information for two PROFESSIONAL and one PERSONAL references who can attest to your character, skills and dependability.

(1) Name: _____ Relationship: _____
Street Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ Will this person reply to an e-mail in a timely manner? _____
Telephone Number: _____ Best time to contact via telephone: _____

(2) Name: _____ Relationship: _____
Street Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ Will this person reply to an e-mail in a timely manner? _____
Telephone Number: _____ Best time to contact via telephone: _____

(3) Name: _____ Relationship: _____
Street Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ Will this person reply to an e-mail in a timely manner? _____
Telephone Number: _____ Best time to contact via telephone: _____

Please list your general availability during the week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please check whether you would like to volunteer on a weekly, monthly or as needed basis, as well as note an approximation of how many hours you would like to volunteer for SafeHomes. SafeHomes appreciates and depends on our volunteers and we understand your time is priceless. Please remember there is no such thing as donating too little of your personal time.

_____ I would like to volunteer on a WEEKLY basis and I would like to donate approximately _____ hours per week to SafeHomes.

_____ I would like to volunteer on a MONTHLY basis and I would like to donate approximately _____ hours per month to SafeHomes.

_____ I would like to volunteer on an AS NEEDED basis.

Please add any comments you would like to share in regards to your schedule and/or time you have available to donate to SafeHomes: _____

Do you have anything else you would like to share or mention? Do you have any specific questions or concerns for us?

I certify that the above statements and information provided are true and correct to the best of my knowledge and belief. I understand that willful misrepresentation or omission of facts may prevent my serving as a volunteer. I release all persons and agencies from any and all liability which may be incurred as a result of obtaining and using this information.

Applicant Name (Print): _____ **Date:** _____

Signature: _____ **Date:** _____

CONFIDENTIALITY POLICY STATEMENT

1. Persons being served in any way by SafeHomes Domestic Violence Intervention Center (DVIC) have the right to control the nature of disclosures of information about themselves.
2. Any communication to or observation by a DVIC volunteer, staff member, student, guest or visitor that is clearly not intended to be disclosed to a third party will be held confidential.
3. Information considered confidential includes:
 - a) the location of the shelter – misdemeanor penalty for disclosing location;
 - b) the fact the person has been served by the DVIC;
 - c) information transmitted in confidence by the person;
 - d) information transmitted in confidence about the person by family, neighbors and other community service providers;
 - e) any disposition, referral, diagnosis, opinions, summaries, instructions, etc. issued for or about the person in the course of evaluation, treatment or other services.
4. Verbal information can be exchanged between community service providers in order to make referrals or to provide continuity of care. Verbal information will be treated with the same concern for personal rights and confidentiality as written information.
5. Persons served by the DVIC have the right to inspect and request amendment to all recorded information about their self.
6. Written consent of the person being served will be obtained whenever written information is being transferred to another service provider. Verbal consent will be obtained when making verbal referrals to other service providers and a note to this effect made in the written record.
7. Senate Bill 171 creates a misdemeanor penalty for disclosing the confidential location of a family violence shelter. I understand that the location of the Shelter is strictly confidential and that to disclose this location is illegal under OCGA 19-13-23. I understand that I will be prosecuted to the fullest extent of the law if I reveal the Shelter location.
8. Exceptions to the above policies are permitted only in bona fide medical emergencies where a medical consent form has been signed.

I have read and discussed the above confidentiality policies and agree to abide by them. I am aware that not following these policies will result in my termination of association with the DVIC. I agree to accept any legal responsibility for violation of these confidentiality policies.

 Director/Trainer/Witness (Print) Date

 Volunteer (Print) Date

 Director/Trainer/Witness (Signature) Date

 Volunteer (Signature) Date

SafeHomes' Release of Responsibility

I, _____, hereby release SafeHomes, a Domestic Violence Intervention Center, Inc. and its staff from responsibility in case of physical injury while I am volunteering/working for the organization. This release of responsibilities also applies to any of my dependents that are in my custody while I am volunteering/working. Personal belongings that I drive or bring with me are also included in this release.

Print Name

Volunteer's Signature

Staff Signature

Date

Date

CONSENT FORM

I HEREBY AUTHORIZE _____

TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

I EXPRESSLY RELEASE THE RICHMOND COUNTY SHERIFF'S OFFICE FROM ANY AND ALL LIABILITY CLAIM RELATING TO THE ACQUISITION AND RELEASE OF ANY INFORMATION PERTAINING TO ME.

FULL NAME PRINTED

ADDRESS

SEX RACE DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

NOTARY

DATE

NOTEA COPY OF SUBJECT'S PHOTO I.D. MUST BE
ATTACHED WITH THIS FORM***

PLEASE CHECK ONE OF THE FOLLOWING CODES:

EMPLOYMENT: _____ WORK WITH ELDERLY: _____

GOV'T HOUSING: _____ WORK WITH CHILDREN: _____

WRK WITH MENTALLY ILL: _____