



Date of Application: \_\_\_\_\_

**APPLICATION FOR VOLUNTEERS – GENERAL**

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**What volunteer opportunities interest you?**

- \_\_\_\_ Child Care
- \_\_\_\_ General Agency Assistance (e.g. fundraising, presentations, booths, maintenance, etc.)
- \_\_\_\_ Office/Administrative
- \_\_\_\_ Board Member
- \_\_\_\_ Victim Advocate\*
- \_\_\_\_ Court Advocate\*

\*Must complete DIRECT SERVICE volunteer application. Requires 42-hour training.

**Employment Status:** FT \_\_\_\_ PT \_\_\_\_ Not Employed/Retired \_\_\_\_ Student \_\_\_\_

**Current employer name and phone:** \_\_\_\_\_

**Are you fluent in any languages other than English?** Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

**Do you have access to a vehicle and would you be willing to use for volunteering purposes?**

Yes \_\_\_\_ No \_\_\_\_

**Do you have valid auto insurance?** Yes \_\_\_\_ No \_\_\_\_

**Availability**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daytime							
Nighttime							

**Education**

School	City	State	Year Completed
High School			1 2 3 4
College			1 2 3 4
Other			



**1. How did you hear about Alternatives to Violence’s volunteer program?**

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**2. Please describe any previous volunteer experience you have:**

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**3. Have you ever been arrested for a crime against a person or investigated for a domestic, child, or sexual abuse offense?** Yes \_\_\_ No \_\_\_

a. If yes, please explain:

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**4. Have you ever been a recipient of services provided by ATV? (Please note, the answer does not preclude you from volunteering as an advocate)** Yes \_\_\_ No \_\_\_

a. If the answer is yes, was it more than 4 years ago? Yes \_\_\_ No \_\_\_

**5. If you have experienced family violence, sexual assault, child abuse, incest, or have been a victim of another violent crime, have you gone through two years of therapy?**

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**6. If you are interested in being a child care volunteer, please list any experience you have caring for children:**

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**7. Are you able to make a year-long commitment to volunteer with ATV?** Yes \_\_\_ No \_\_\_

**8. Are you able to complete, with or without reasonable accommodations, the essential functions outlined in the volunteer job description of the position in which you are interested?**

Yes \_\_\_ No \_\_\_



### References

Please list three references other than family or spouse that know you well.

1.	_____	_____	_____
	Name	Phone	Relationship
2.	_____	_____	_____
	Name	Phone	Relationship
3.	_____	_____	_____
	Name	Phone	Relationship

Thank you for taking the time to complete this application. Alternatives to Violence is committed to excellence in victim services. Your application will be reviewed by the Victims Advocate Coordinator. You will be contacted for an interview to further discuss ATV's volunteer programs and your interests. ATV needs committed volunteers that want to help us in our mission of working toward a violence free community. ATV reserves the right to request random drug tests of any volunteer.

I have read and understand the above statement. Any inaccurate or false information on the application will be grounds for disqualification from the volunteer program, and/or grounds to terminate your participation in the volunteer program. By signing this application, I attest that all information provided is true to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Alternatives to Violence Volunteer Confidentiality Agreement**

I understand the imperative nature of confidentiality and recognize that any information shared by clients will be kept strictly confidential.

In agreeing to serve as a volunteer for Alternatives to Violence, I agree to protect the confidentiality of all information pertaining to our clients. I agree not to discuss any information with anyone outside of the agency without the client's signed consent and approval of an ATV staff member for the expressed purpose of providing that person with victim services. This includes, but is not limited to, the circumstances, history, sequence of events, or any other information associated with a client or their experience, even if I do not use names.

I agree to notify an ATV staff member whenever I am asked by anyone to comment on any client served by our agency and to get his/her consent before discussing any client with anyone outside of our agency, including media. I understand that a signed Release of Information is the only acceptable form of consent to share information.

I agree not to keep and records of client service in my possession. I understand that all written records must be given to Alternatives to Violence promptly after service is rendered. I will comply with all record keeping procedures established by the agency.

I understand that I am a representative of Alternatives to Violence and will conduct myself ethically and professionally at all times.

I will keep the location of any client's home and the location of all the transitional living units managed by ATV confidential unless I have received signed consent from the Executive Director to release the information. Clients cannot give signed consent to release the location of ATV transitional living units; a release can only be approved by the Executive Director.

I also understand that if I am a Victim Advocate or other type of direct service provider, I have the responsibility to read, understand, and abide by the rules of Legal Privilege and Confidentiality as outlined in the Victim Advocate Guidebook and Advocate training. I understand that waiving victims' legal privilege or confidentiality without their consent constitutes a breach of this agreement that will result in immediate termination.

I will refer any questions or doubts with regard to client confidentiality to the Victims Advocate Coordinator or Executive Director.

Volunteer Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date