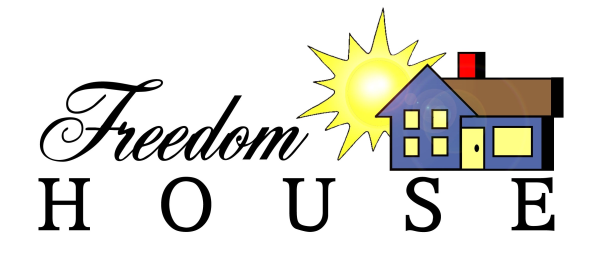
****

Website: freedomhousepc.org

**Prospective Volunteer Application Packet**

**Instructions: Complete the following forms and return to the Volunteer Coordinator**

**In Person: 1149 Fort Worth Hwy, Weatherford, TX 76086**

**(across street from Sims Lumber)**

**By Mail: P.O. Box 1626, Weatherford, TX 76086**

**By Fax: ;817 596-4369**

**By E-mail: Erin@freedomhousepc.org**

**Volunteer Application**

**Please note: This application is designed to help you clarify your goals in volunteering and will aid you and staff members in assessing your skills and interests in order to match you to an appropriate position. Please answer all questions completely and feel free to attach additional pages if needed**

**∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞ ∞∞**

## PLEASE PRINT

## 

## I. Biographical Information Date of Application \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Last) (First) (Middle)**

**Other Names used (Maiden, Aliases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you over the age of 18? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, please give birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (City) (State) (Zip)**

**How long at above address\_\_\_\_\_\_\_\_\_ If under 2 years, please list your prior residences for the last two (2) years:**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (City) (State) (Zip)**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (City) (State) (Zip)**

**Home Telephone # (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred number and best time to call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_

**TX Driver License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Co./Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_ No If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts so that a fair decision can be made.)

**Educational Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. Volunteer Availability**

**Please note days and times of availability to volunteer.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
|  |  |  |  |  |  |  |

**III, Volunteer Profile**

**• Why would you like to volunteer with Freedom House at this time?**

|  |
| --- |
|  |
|  |
|  |

**• How did you learn about Freedom House?**

|  |
| --- |
|  |
|  |
|  |

**• What do you hope to gain from your volunteer experience at Freedom House?**

|  |
| --- |
|  |
|  |
|  |

**• Please describe any past or present volunteer work and any formal or informal training you have received.**

|  |
| --- |
|  |
|  |
|  |

**• What personal strengths will you draw upon when working with individuals in crisis?**

|  |
| --- |
|  |
|  |
|  |

**• What special concerns do you have about working with survivors of domestic violence and/or**

**sexual assault?**

|  |
| --- |
|  |
|  |
|  |

**• What is your experience or familiarity with the issues of domestic violence and sexual assault (i.e. training, course work, counseling or personal experience)?**

|  |
| --- |
|  |
|  |
|  |
|  |

**• Do You write or speak any languages other than English or know American Sign Language?**

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

**If Yes, what\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Preference - Please check appropriate area:**

**\_\_\_\_\_\_\_ Outreach \_\_\_\_\_\_ Shelter \_\_\_\_\_\_\_ Where Needed\_\_\_\_\_\_\_\_\_\_\_**

**IV. Volunteer Interests**

**Please check the skills and interest that you have that you would be willing to use as a volunteer**

|  |  |
| --- | --- |
|  | **Assist with Special Functions (Fund Raising, Silent Auction, Special Projects)** |
|  | **Awareness – Community Outreach (Assist with Outreach tables at businesses/health-informational fairs. First Monday, Rodeo, etc.)** |
|  | **Bilingual – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Court Advocacy/Accompaniment** |
|  | **Crisis Intervention/Hotline Advocacy** |
|  | **Data Entry (Access, Excel)** |
|  | **Food Bank Driver** |
|  | **Legal Advocacy** |
|  | **Maintenance (changing filters, light bulbs, etc.)** |
|  | **Newsletter (folding, separating, mailing, etc.)** |
|  | **Office/Client Services (Reception – answer phone/greet clients/guests, etc.)** |
|  | **Prevention - Community Education (Assist with Special Programs presented in Parker County schools/college, etc.)** |
|  | **Sexual Assault Advocacy (On-Call as needed)** |
|  | **Women’s Group – P.E.A.C.E.** |
|  | **Yard Work** |

**At Freedom House, we welcome volunteers with a variety of talents and interests as they**

**may be of assistance to our clients in some way. Please list any additional skills below so**

**that we may find (or create!) a position that fits you!**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**V. Background Information**

**If employed, please list your current employer**

**Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_**

**Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_**

**Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VI References**

**Please list three (3) individuals who would be willing to serve as reference for you.**

**Please note: Only one (1) reference may be a family member.)**

|  |  |  |
| --- | --- | --- |
| **Name** | **E-Mail (required) or** | **Mailing Address & Telephone #** |
|  |  |  |
|  |  |  |
|  |  |  |

**I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I acknowledge that FREEEDOM HOUSE selects volunteers without regard to race, gender, religion, national origin or disabilities. I certify that I will not hold FREEDOM HOUSE responsible for injuries or accidents that occur while I am on duty as a volunteer or performing services on behalf of FREEDOM HOUSE>**

**Volunteer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Volunteer Code of Ethics

1. Volunteers providing direct client services shall maintain the client’s interest as their primary responsibility.

2. Volunteers should respect the privacy of clients and maintain confidentiality at all times regarding information obtained while providing services, except as otherwise required by law or judicial order.

3. Personal client information should not be disclosed without written consent of the client or the client’s legal representative, except in those circumstances in which not to do so would result in clear danger to the client and others.

4. Client confidentiality must be maintained throughout the work place.

5. Volunteers shall avoid dual relationships with clients. Volunteers shall not conduct any relationship with the client other than assigned by Freedom House or violate the position of trust in any manner, which might be detrimental to the client.

6. Volunteers may not discriminate against clients on the basis of sex, age, race, creed, color, national origin, religion, marital status, disability, sexual orientation, political affiliation, or source of income.

7. Volunteers recognize their boundaries of competence and provide only those services, and use only those techniques, for which they are qualified by training experiences.

8. No smoking or use of tobacco products is allowed within 30 feet of any Freedom House

property.

9. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated while volunteering for Freedom House

10. Volunteers shall not abuse children or adults, including the following:

* Physical abuse: striking, spanking, slapping, shaking;
* Verbal abuse: humiliating, degrading, threatening;

1. sexual abuse: including inappropriate touching and exposure;
2. mental abuse.

11. Volunteers shall not use profanity in the presence of children or parents.

12. Monetary and expensive gifts to volunteers are prohibited.

13. Volunteers will portray a positive role model by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity.

14. Texas State Law requires that all citizens report any suspect abuse or neglect to a child to the Texas Department of Protective and Regulatory Services and law enforcement agency.

15. I understand that as a volunteer for Freedom House, I will be subject to a background check, including my criminal history.

**I understand that any violation of this code may be grounds for removal as a volunteer.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Signature |  | Date |

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY**

Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for Freedom House to perform the criminal background search. The purpose of this search is to maintain the safety of clients, staff and volunteers. This information will be kept in a locked file, with access only by Freedom House administration.

I hereby give my permission for Freedom House to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains, deferred adjudications and delinquents conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer with Freedom House, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Freedom House and I may dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Freedom House and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of Freedom House, and any and all related attorneys’ fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

**Please print in required fields:**

|  |  |
| --- | --- |
| Last Name: | First Name |
| Middle Initial: | Name Suffix: |
| Other Last Names Used: |  |
| Other First Names Used |  |
| Other Middle Initials Uses |  |
| Sex: Check appropriate box………………………………………... | □ Female □ Male |
| SSN: | Warning Criminal records will not be identified or  Returned if Date of Birth is not provided and a Social Security is not included in a criminal record from the repository source. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: Month Day Year |
| Street Address: |  |
| City | State Zip |
| County: | Phone # |
| Driver’s License State | Driver’s License # |

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

+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++For Office Use

Date of CBC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_