

Website: freedomhousepc.org



Freedom In Action Volunteer

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: kyrstenc@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

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I. Biographical Information			<u>Date of</u>	Application _	//_	_
Name						
(Lo	ıst)		(First)		(Middle)	
Other Names use	ed (Maiden, Aliases	:				
Are you over the	e age of 18? Yes_	No_	If	no, please give b	irth date	
-lome Address						
	(Street)			(City)	(State)	(Zip)
low long at abov	ve address	If under 2 yea	rs, please list your	prior residences	for the last two (2) years:
Address	S(Street)	······································		(City)	(State)	(Zip)
Address	(311661)				(31416)	(Zip)
	(Street)			(City)	(State)	(Zip)
tome Telephone	# ()		Cell Phone	z #		
referred numbe	r and best time to	call:				
-Mail Address:						
X Driver Licens	e #	Insurar	nce Co./Policy #	······································		
imergency Conta	ct Name					
elationship:			Phone Number_			
A conviction does not aut	een convicted of a to	pe offered a job. What you we	re convicted of, the circumsta	· 	viction and how long ago the co	nviction occurred are
•	2, 2 ,					
EQUICATIONAL BACK	ground:	• • • • • • • • • • • • • • • • • • • •				
II. Voluntee	r Availability					
	Pleas	e note days and	<u>d times of avai</u>	ability to volu	<u>inteer.</u>	T
MON	TUES	WED	THURS	FRI	SAT	SUN
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III, Volunteer Profile

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• Why would you like to volunteer with Freedom House at this time?
How did you learn about Freedom House?
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• What do you hope to gain from your volunteer experience at Freedom House?
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 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

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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!						
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	_					
	_,					

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V. Background Information

If employed, please list your current employer

Address		Phone #			
Position		Dates:	From	to	
Supervisor Name	E-Ma	il		 	
Position		Dates:	From	to	
Supervisor Name	E-Ma	il			
VI References					
• •	iduals who would be willing reference may be a famil			rence for you.	
Name	E-Mail (required) or	Mailin	g Address	& Telephone #	
knowingly withheld any founfavorably. I understand discharge. I acknowledgingender, religion, national	act or circumstance that we detect that any false informations that FREEEDOM HOUSE origin or disabilities. I contact that occur which contacts that occur which the countact occur which the contact occur which the countact occur was a contact occur which the countact occur was accordanced by the countact occur which the countact occur was accordanced by the coun	ould, if on subm select ertify t	disclosed, nitted in th s volunteer hat I will	is application may result in my	
Volunteer Signature		Do	nte		
Volunteer Printed Name					

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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.
- 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;
 - a. sexual abuse: including inappropriate touching and exposure;
 - b. mental abuse.
- 11. Volunteers shall not use profanity in the presence of children or parents.
- 12. Monetary and expensive gifts to volunteers are prohibited.

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- 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:

		<u></u>		-	
Last Name:				First Name	
Middle Initial:				Name Suffix:	
	Other Last N	Names Used:			
	Other First	Names Used			
	Other Middl	e Initials Use	s		
Sex: Check app	ropriate box			□ Female □ Male	
55N:				Returned if Date of B	s will not be identified or irth is not provided and a ncluded in a criminal record
Date of Birth:	Month	Day	Year	from the repository sour	
Street Address	3:	·			
City				State	Zip
County:				Phone #	·
Driver's License	State			Driver's License #	
				•	
Applicant Signa	ture			Date:	
***************************************	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++	+++++++For Of	fice Use	
Date of CB	С			Staff Initial	

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1149 Fort Worth Hwy P.O. Box 1626 Weatherford, TX 76086 817.596-7543

VOLUNTEER CONFIDENTIALITY STATEMENT

- I understand that any client information that I have obtained while fulfilling my duties as a volunteer of Freedom House will be kept strictly confidential by me. Confidentiality means that I will not discuss or release the identity, circumstances, nor any information that may indicate whether a person is or has been a client of Freedom House unless the client has given written consent for me to do so.
- I agree to maintain confidentiality regarding Freedom House clients even when I am no longer a Freedom House Volunteer.
- I further understand the following limitations to the Freedom House Confidentiality Policy. Freedom House has an obligation to release pertinent information to the proper authorities in the following circumstances:
 - · Records subpoenaed by the court;
 - In the case of reasonable concern of harm to a client or to someone else;
 - Any report of suspected abuse, neglect, or exploitation of a child, elderly or disabled person.
- I agree to discuss all situations with a staff member before any information is released.

The above was discussed with me and I have received a copy of the information.

Volunteer	Date	
Cell Phone:		(volunteer)
Staff Member	Date	