



Hope Alliance Volunteer Application

Instructions: Please fill out the following forms (making sure to sign where required), attach a check for the \$15.00 processing fee made out to Hope Alliance (“Volunteer fee” in the memo) and please bring it with you to the Volunteer Orientation Session.

Biographical Information

Today’s Date: _____

Name: _____

Other names used (maiden, aliases): _____

Are you over the age of 18? Yes_____ No_____ (If no, please give birthdate:_____)

Home Address (street address): _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

TX Driver License #: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Address: _____

***** For Office Use Only*****

Fee Included

Volunteer Services Notes: _____

Volunteer Interest and Availability

Please place an (x) on the area(s) which are of most interest to you as a volunteer.

- ___ Administrative (Office Aide, Reception)
- ___ Advocacy (Bilingual Advocate, Children's Tutoring Advocate, Housing Case Manager Advocate, Shelter General Advocate)
- ___ Sexual Assault Hospital Accompaniment Advocate, Court Accompaniment Advocate)
- ___ Crisis Hotline Advocate, Intake Advocate
- ___ Outreach (Outreach Aide, Community Information Booths, Special Events Aide)
- ___ Special Events (fundraisers, concerts)
- ___ Other (Please explain)_____

Volunteer Profile

How did you learn about the Hope Alliance?

What do you hope to gain from your volunteer experience at the Hope Alliance?

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 (when applicable)?

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 (ie., training, course work, counseling, or personal experience)?

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Child Care | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Support Group Facilitation |
| <input type="checkbox"/> Legal Advice | <input type="checkbox"/> Organizing | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Decorating/Interior Design | <input type="checkbox"/> Hair Styling |
| <input type="checkbox"/> Library Science | <input type="checkbox"/> Parenting | <input type="checkbox"/> Transporting Furniture |
| <input type="checkbox"/> Career/Resume Building | <input type="checkbox"/> Dynamics of DV/SA | <input type="checkbox"/> Heavy Lifting |
| <input type="checkbox"/> Licensed Counselor/Therapist | <input type="checkbox"/> Phone Skills | <input type="checkbox"/> Home Repair |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> House Painting |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Sewing/Alterations | <input type="checkbox"/> Community Contacts |
| <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Filing/Office Work | <input type="checkbox"/> Web Development |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Sorting Donations | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Spiritual Guidance | |
| <input type="checkbox"/> Data Entry | | |

Do you write or speak any languages other than English or know American Sign Language?

Yes _____ No _____ (If so, what? _____)

Last School Attended: _____

City / State

Degree or Certifications you hold: _____

Please list any additional skills below so that we may find a position that fits.

Background Information

Please list your residences in the last two (2) years.

Address:

Street _____ Apt. # _____ City _____ State _____ Zip _____

County _____ How long at this address? _____

Address:

Street _____ Apt. # _____ City _____ State _____ Zip _____

County _____ How long at this address? _____

Please list your employment in the last two (2) years.

Employer: _____

Address: _____ Phone: _____

Position: _____

Dates: From ____/____/____ To ____/____/____

Employer: _____

Address: _____ Phone: _____

Position: _____

Dates: From ____/____/____ To ____/____/____

Have you ever been convicted for a law violation (other than a routine traffic violation)? Yes No
If yes, please list offense and when it occurred: _____

Are you currently on deferred adjudication or probation? Yes No
If yes, please list offense and when it occurred: _____

Have you ever been charged or arrested for a criminal offense? Felony _____ Misdemeanor _____
Yes No If yes, please list offense and when it occurred: _____

Were you convicted or did you receive deferred adjudication for a criminal offense (including a felony or misdemeanor)? Yes No If yes, please list offense and when it occurred: _____

Have you received a citation for a major moving violation within the last three years? Yes No
If yes, please list offense and when it occurred: _____

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.

Volunteer Printed Name _____ Volunteer Signature _____ Date _____

Volunteer Confidentiality Statement for Williamson County Crisis Center dba Hope Alliance

I, _____, will not give out the location of the Hope Alliance Shelter or the Transitional Housing Apartments.

Revealing the location of the shelter or Transitional Housing Apartments could jeopardize the safety of the shelter residents and Hope Alliance employees.

I understand the need for keeping the location secret and not revealing the identities of the residents and I will not reveal this information to anyone.

The safety and well-being of the residents as well as the integrity of Hope Alliance depends heavily on the staff and volunteers' respect for the privacy of our residents.

I have read this statement and have discussed any questions with the Director of Volunteer Services or the Shelter House Manager. I understand I can be relieved of my responsibility at Hope Alliance or be asked to leave the property immediately if I fail to comply with Hope Alliance's policies and procedures pertaining to confidentiality. My signature below indicates I understand, agree to, and will comply with Hope Alliance's confidentiality policies and procedures.

Volunteer Printed Name _____ Volunteer Signature _____ Date _____

Director, Volunteer Services Signature _____ Date _____

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. Client information will not be discussed in the front office or in the hallways of any general living area or administrative hallways.
5. Volunteers shall avoid dual relationships with clients. Volunteers shall not conduct any relationship with the client other than assigned by WCCC 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. Smoking or use of tobacco products in the presence of children is prohibited.
9. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated while volunteering for WCCC.
10. Volunteers shall not abuse children or adults, including the following:
 - a. physical abuse: striking, spanking, slapping, shaking;
 - b. verbal abuse: humiliating, degrading, threatening;
 - c. sexual abuse: including inappropriate touching and exposure;
 - d. 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 the Hope Alliance, 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.

Volunteer Printed Name

Volunteer Signature

Date

References

Please list three (3) individuals who would be willing to serve as references for you. Only one (1) reference may be a family member.

Name _____ **Email preferred** _____ Telephone Number _____ Relationship _____

1. _____

2. _____

3. _____

I hereby certify that all information above is complete, true, and correct, and I hereby authorize the release of any information in regard to checking my background (criminal history) and my employment history. I release the Williamson County Crisis Center and its agents for any and all liability arising there from.

I hereby give permission for the Williamson County Crisis Center to obtain information related to my criminal history record and contact the above listed references. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the Williamson County Crisis Center may repeat this criminal history records check at any time.

Volunteer Printed Name

Volunteer Signature

Date

