

Hope Alliance

Volunteer Application

Instructions: Please fill out the following forms, making sure to sign where required and bring it with you to a Volunteer Orientation Session. We ask for a contribution of \$15.00 when you submit your application, to help cover program expenses such as background checks and training materials. The \$15 is not a requirement to volunteer. Your contribution to support our volunteer program is greatly appreciated.

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*****

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, Shelter General Advocate)
- ___ Sexual Assault Hospital Accompaniment Advocate
- ___ Crisis Hotline Advocate, Intake Advocate
- ___ Court Accompaniment Advocate
- ___ Outreach (Outreach Aide, Community Information Booths, Special Events Aide)
- ___ Other (Please explain)_____

Volunteer Profile

How did you learn about Hope Alliance?

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

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

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

Last School Attended: _____
 Years Name of School 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 agree to, and will comply with, Hope Alliance's confidentiality policies and procedures.

Volunteer Printed Name _____ Volunteer Signature _____ Date _____

Director, Volunteer Services 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.

<u>Name</u>	<u>Email</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Certification of Information

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 criminal history background 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 contact the above listed references and obtain information related to my criminal history record. 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
------------------------	---------------------	------

