

DIRECT SERVICE VOLUNTEER APPLICATION

Women In Distress of Broward County, Inc.(WID) is an equal opportunity organization and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, marital status, sexual orientation, pregnancy, citizenship status or any other characteristic protected by law. (EOE, DFWP)

VOLUNTEER GUIDELINES

I understand that volunteering with Women In Distress (WID) is at-will, meaning that I or the Agency may terminate my volunteerism at any time, or for any reason consistent with applicable state or federal law. Volunteers must be 18 and older; exceptions may apply.

I authorize WID to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I understand that I must abide by the Florida law and regulations governing child care agencies if I volunteer at Women In Distress. The Florida law requires Women In Distress to obtain at least three personal references regarding my good moral character and check for criminal records convictions with the Florida Department of Law Enforcement and local law enforcement authorities and for all information included in the Child Abuse Registry Information System – I hereby authorize Women In Distress to do so. I hereby release WID, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

THE AGENCY AGREES TO:

- Establish expectations in writing.
- Engage, inspire and train volunteers to a level that will permit them to begin their position confidently.
- Provide volunteers with a comfortable and supportive environment in which to volunteer and any necessary resources, including space, equipment, and supplies.
- Provide feedback of volunteer's performance at suitable and regular intervals.

THE VOLUNTEER AGREES TO:

- Become thoroughly familiar with the Agency's policies and procedures, both written and verbal.
- Attend and successfully complete all required trainings, to remain active in their volunteer position.
- Be prompt and reliable in reporting for scheduled volunteer work, and to provide the Agency with an accurate record of time spent on services performed by signing in and out when entering or leaving. Please note:
 - For every two unscheduled absences within any two consecutive months, a meeting to discuss expectations and responsibilities will be held.
 - Three unscheduled absences within any two consecutive months may result in volunteer's release from the Program. An unscheduled absence is defined as any volunteer who does not show up to work and does not give any notice. This does not apply to those who call in.
- Volunteer must notify the Training Specialist and assigned department supervisor if unable to perform services as scheduled. This will be done as early as possible to permit reassigning another volunteer if necessary.
- Respect the function of the Agency's paid staff and contribute fully to maintaining a smooth working relationship between paid staff and volunteers.
- Accept the Agency's right to release any volunteer for any reason, subject to applicable law.
- Exercise caution when acting on the Agency's behalf in any situation, and to protect the confidentiality of all information relating to the Agency.
- Understand and follow the appropriate channels of communication and grievance procedure contained in the Volunteer Policy.

WOMEN IN DISTRESS OF BROWARD COUNTY, Inc.

P.O. Box 50187 | Lighthouse Point, FL 33074

Phone 954.760.9800 ext. 1214 · Fax 954.247.2272 · CRISIS LINE 954.761.1133 · TTY/TDD 954.527.5383

volunteerdept@womenindistress.org · www.womenindistress.org



DIRECT SERVICE VOLUNTEER APPLICATION

1. PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

Title	First Name	Last Name	Date
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Street Address	City	State	Zip Code
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Home Phone	Cell Phone
------------	------------

Email _____

Emergency Contact: Name	Relationship	Phone
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2. How did you learn about volunteering with WID? *(Please check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Media/Newspaper/TV | <input type="checkbox"/> Web search/Internet |
| <input type="checkbox"/> WID Employee | <input type="checkbox"/> Work, School, or Church | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Volunteer Match | <input type="checkbox"/> Hands On Broward | <input type="checkbox"/> Other _____ |

3. Have you ever pled guilty or “no contest” to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? ___Yes ___No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from volunteerism but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

4. VOLUNTEER INTERESTS *(Please check all that apply)*

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Outreach – Front Desk | <input type="checkbox"/> Respite |
|---|--|----------------------------------|

5. An essential function of some jobs is lifting and carrying up to 25 lbs. Are able to perform the essential functions of the job without reasonable accommodation? ___Yes ___No

6. Would you be interested in being contacted for other volunteer opportunities, such as one-day activities like assisting with donation drives or SafeWalk? ___Yes ___No

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7. EDUCATION:

- High School or last grade completed _____
- College or Technical School _____
- Other _____

8. MILITARY EXPERIENCE:

- Branch of Service: _____
- From: _____ To: _____
- Rank/Type of Service: _____ Special Training/Experience: _____

9. CURRENT OR LAST EMPLOYMENT:

- Employer: _____ Telephone: _____
- Address: _____
- Position Title: _____ Supervisor: _____
- Start Date: _____ Date Left: _____
- Duties: _____
- Reason for Leaving: _____

10. PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE:

- Agency: _____
- Position Title: _____ Supervisor: _____
- Start Date: _____ Date Left: _____
- Duties: _____
- Reason for Leaving: _____

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11. SKILLS AND INTERESTS:

Computer Skills: MS OFFICE DATABASE OTHER _____

Other Skills: _____

12. AVAILABILITY

Please indicate the days and times you are usually available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:							
(9 – 1 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:							
(1 – 5 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:							
(5 – 9 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. My availability is:

From:
 Month: _____ Day: _____ Year: _____

To:
 Month: _____ Day: _____ Year: _____

Note: Direct service volunteer positions require a commitment of at least 6 months with a minimum of 4-12 hours per week.

CONFIDENTIALITY STATEMENT

39.908 Confidentiality of information received by department or domestic violence center.

(1) Information about clients received by the department or by authorized persons employed by or volunteering services to a domestic violence center, through files, reports, inspection, or otherwise, is confidential and exempt from the provisions of s. 119.07(1). Information about the location of domestic violence centers and facilities is confidential and exempt from the provisions of s. 119.07(1).

(2) Information about domestic violence center clients may not be disclosed without the written consent of the client to whom the information or records pertain. For the purpose of state law regarding searches and seizures, domestic violence centers shall be treated as private dwelling places. Information about a client or the location of a domestic violence center may be given by center staff or volunteers to law enforcement, firefighting, medical, or other personnel in the following circumstances:

(a) To medical personnel in a medical emergency.

(b) Upon a court order based upon an application by a law enforcement officer for a criminal arrest warrant which alleges that the individual sought to be arrested is located at the domestic violence shelter.

(c) Upon a search warrant that specifies the individual or object of the search and alleges that the individual or object is located at the shelter.

(d) To firefighting personnel in a fire emergency.

(e) To any other person necessary to maintain the safety and health standards in the domestic violence shelter.

(f) Information solely about the location of the domestic violence shelter may be given to those with whom the agency has an established business relationship.

(3) The restriction on the disclosure or use of the information about domestic violence center clients does not apply to:

(a) Communications from domestic violence shelter staff or volunteers to law enforcement officers when the information is directly related to a client's commission of a crime or threat to commit a crime on the premises of a domestic violence shelter; or

(b) Reporting suspected abuse of a child or a vulnerable adult as required by law. However, when cooperating with protective investigation services staff, the domestic violence shelter staff and volunteers must protect the confidentiality of other clients at the domestic violence center.

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14. STATEMENT OF CONFIDENTIALITY

This is to certify that I have been advised of, and am familiar with the Florida Statutes of Confidentiality, Chapter 39 (39.908).

I am aware that it is against the law to release any information regarding any participant/client without the consent of the participant/client. I am aware that this information is restricted not only during the length of my time at Women in Distress of Broward County, Inc., but throughout my lifetime, and any breach of this confidentiality can result in prosecution under the appropriate Federal Law.

I am aware that if at any time a question arises regarding the Confidentiality Laws I may contact my supervisor or the Director of Programs or the Director of Residential Services for clarification.

It is the policy of Women in Distress of Broward County, Inc.(WID) that all staff and volunteers shall report incidents and reasonable suspicion of abuse, neglect, or exploitations of a child, aged person, or physically impaired adult to the Florida Abuse Hotline

(Department of Children and Families) on the statewide toll-free telephone number(1-800-96-ABUSE). As required by Chapters 39 and 415, F.S., CFOP 215-6, SCI.K.2, this provision is binding upon both the contractor and its employees.

RELEASE AND WAIVER OF LIABILITY

In consideration of accepting this entry, I the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against Women In Distress of Broward County, Inc., any and all sponsors, their officers, directors, members, and volunteers, other parties and their representatives, successors and assigns for any and all injuries suffered by me in the course of volunteering.

In signing below, I acknowledge that all information is truthful and accurate, and that I have read and understood all guidelines and statements outlined above.

Signature of Applicant

Print Name

Date Signed

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Lighthouse Point, Florida 33074

You may also send completed forms via fax or email:

Fax: 954 – 247 – 2272

Email: volunteerdepartment@womenindistress.org

ADMIN USE ONLY

Assigned Department: _____

Start Date: _____

Finish Date: _____

Return Interest: _____

Return Date: _____

For: _____

Notes:

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Volunteer Reference Form

To Whom It May Concern:

_____ is applying for a volunteer position at Women In Distress of Broward County, Inc. and would like you to serve as one of their references. If accepted as a volunteer, he/she will assist with a wide variety of tasks and activities, ranging from direct contact with survivors of domestic violence to administrative duties.

In order to protect the confidentiality of references, please submit forms directly to the Volunteer Department.

Applications are not complete until reference forms have been received. Should you wish to provide this information in person or have any questions, you may reach us at 954.760.9800 ext. 1214 or email volunteerdepartment@womenindistress.org.

Thank you in advance for your assistance.

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Reference information

Your Name: _____

Daytime Phone: _____ E-mail address: _____

1. How do you know the applicant and for how long have you known him/her?

2. In your opinion, what skills and/or strengths will the applicant bring to the program?

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3. What contributions do you feel this person can make to Women In Distress?

4. Based on your experience with the applicant, please rate him/her in the following categories:

	Excellent	Good	Fair	Poor
Follow-through on commitments				
Dependability				
Willingness to work				
Integrity				
Attitude				
Maturity				
People/Social Skills				
Communication Skills				
Ability to appreciate other's differences				

5. Are you aware of any situations or personal conditions that might cause problems working at Women In Distress? If yes, please specify:

6. Would you recommend this person? _____ Yes _____ No

Your Signature: _____ Date: _____

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