



WOMEN IN DISTRESS 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)

Women In Distress has different categories of volunteer opportunities which have different requirements pertaining to trainings and background checks volunteers must complete. Depending on the volunteer's interest and time commitment availability, Women In Distress will work with all volunteers to ensure that they are placed in volunteering roles that they find meaningful and fits within their available schedule.

This application collects all information on a volunteer to assist the Agency in suggesting potential volunteer opportunities and keeping the volunteer's file up to date. Please provide all requested information, if applicable, to ensure that the application is completed within its entirety.

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. Volunteer must be 18 and over; 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.

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

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.
- Provide feedback of volunteer's performance at suitable and regular intervals.
- Respect your skills, dignity and individuality.
- Respect your feedback and suggestions.
- Recognize your contribution.
- Treat you as a partner.

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



1. PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

| | | | |
|-------------------------|----------------------------|-----------|-----------|
| Title | First Name | Last Name | Date |
| Street Address | City | | State Zip |
| Cell Phone | Other (Home or Work Phone) | | |
| Email | | | |
| Emergency Contact: Name | Relationship | Phone | |

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?

PLEASE CHECK: ___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 INTEREST (CHECK ALL THAT APPLY)

Direct Service: (please see position descriptions for more details)

- | | | |
|--|---|--|
| <input type="checkbox"/> File Quality Assurance Review | <input type="checkbox"/> Respite Care (childcare center) | <input type="checkbox"/> Translating for Economic Empowerment groups |
| <input type="checkbox"/> Reading police reports for InVEST program | <input type="checkbox"/> Assisting with Children's Therapy groups | |

Note: Direct service volunteer positions require a commitment of at least 4 months with a minimum of 3 hours per week and 30 hours of training. Volunteers must have 3 reference forms completed with application.

Indirect Service: (please see position descriptions for more details)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Development/ Event Preparation | <input type="checkbox"/> Education & Prevention | <input type="checkbox"/> Welcome baskets | <input type="checkbox"/> Administration/ Filing |
| <input type="checkbox"/> Thrift Store: Assisting the Thrift Store by sorting clothes, completing inventory, etc. | | | |

Note: Indirect service volunteer positions require a commitment of at least 2 months with a minimum of 3 hours per week and 4 hours of training. Volunteers must have 3 reference forms completed with application.

5. EDUCATION:

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

6. MILITARY EXPERIENCE:

Branch of Service: _____

From: _____ To: _____



Rank/Type of Service: _____ Special Training/Experience: _____

7. CURRENT OR LAST EMPLOYMENT:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Duties: _____

Reason for Leaving: _____

8. PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE:

Agency: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Duties: _____

Reason for Leaving: _____

9. AN ESSENTIAL FUNCTION OF SOME POSITIONS IS LIFTING AND CARRYING UP TO 25 LBS. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITHOUT REASONABLE ACCOMMODATION?

PLEASE CHECK: YES NO



10. SKILLS AND INTERESTS:

Computer Skills: MS OFFICE DATABASE OTHER _____

Languages Spoken: _____

Other Skills: _____

11. MY AVAILABILITY IS:

FROM: MONTH: _____ DAY: _____ YEAR: _____

TO: MONTH: _____ DAY: _____ YEAR: _____

12. PLEASE INDICATE THE DAYS AND TIMES YOU ARE USUALLY AVAILABLE TO VOLUNTEER:

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

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

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.



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



You may send completed forms via mail:

Volunteer Department
Women In Distress of Broward County, Inc.
P.O. Box 50187
Lighthouse Point, Florida 33074

You may also send completed forms via fax or email:

Fax: 954 – 247 – 2272
Email: volunteerdept@womenindistress.org

ADMIN USE ONLY

References received dates: 1 _____ 2 _____ 3 _____

Interview completed: _____ **Accepted? Y / N**

Pre-orientation email sent: _____

Background check received dates: Local _____ Fingerprinting _____

Orientation date: _____ **Core Competency date (if applicable):** _____

Notes: _____
