

CRISIS CENTER

P.O. Box 2112 Sherman, Texas 75091
(903) 893-3909 Office (903) 893-5615 Hotline (24 hrs.)

Volunteer Application

Date of Application: ____ / ____ / ____

Interview ____ / ____ / ____

Personal Information

Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

E-mail _____ Phone No. _____
Home Work Cell

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____

Have you ever been convicted of a crime; if so, what is the offense _____

Probation Officer's Name and Phone number _____

Employment History

Occupation: _____

Current Employer / Previous Employer #1

Employer: _____ Supervisor: _____

Address: _____

Length of time employed: _____ year(s) _____ months

Reason for termination: _____

Previous Employer #2

Employer: _____ Supervisor: _____

Address: _____

Length of time employed: _____ year(s) _____ months

Reason for termination: _____

Education History

College:

School: _____

Year(s) attended: _____ Area of Study: _____

High School:

School: _____

Year(s) attended: _____ Area of Study: _____

GED: Yes No

Volunteer Placement Information

Please circle your answers

Is this volunteer experience for a class requirement? Yes No

If yes, please list the school/university, course, professor, and the number of hours required: _____

Are there specific course requirements? Yes No

If yes, please list the requirements: _____

Other training, course work, or reading that you have done that would be applicable to the issues of sexual assault and domestic violence: _____

What are your hobbies, interests and/or special talents? _____

Do you speak any language(s) other than English? Yes No

If yes, what language(s)? _____

Do you have any previous volunteer experience? Yes No

If yes, please list where, when, and responsibilities.

Do you drive? Yes No

If yes, are you willing to assist with transportation? Yes No

(If yes, you must furnish proof of insurance and a valid Driver's License.)

I have chosen to volunteer at the Crisis Center because: _____

I am available to volunteer: (please be sure to include days and times: _____

Areas of Work

Children's Program: _____ Tutoring _____ Babysitting _____ Recreation
 _____ Mentoring _____ Arts/Crafts _____ Safety Awareness

Sexual Assault Program:

_____ Crisis Response Team (on call for victims at hospitals, etc.) _____ Advocate
_____ Court Watch _____ Transportation _____ Support Group Facilitator

Shelter Program:

_____ Answering Hotline _____ Advocate _____ Court Watch _____ Transportation
_____ Just Being a Friend to a Shelter Mother (helping her with her "new" home,
listening, helping her find community activities and services, etc.)
_____ General Building Maintenance _____ Moving Clients to "New" Home
_____ Hauling/Disposing of items that cannot be used

"THRIFTY" Thrift Shop: (Located at Texoma Parkway and N. Grand Avenue, South Side of the Shopping Center containing Pancho's Mexican Restaurant and JoAnn Fabrics)

_____ Sorters / Pricers _____ Sales Clerks _____ Furniture Repair / Refinish
_____ Pick up Items _____ Haul / Dispose of Non-Used Items

Office:

_____ General Office (Paperwork, filing copies, typing, etc.) _____ Receptionist
_____ Answering Phone _____ Statistics Gathering _____ Entering Computer Data

Special Projects:

_____ Domestic Violence Projects _____ Fundraising _____ Newsletter Committee
_____ Center Beautification _____ Individual Computer Training for Staff and/or Clients
_____ Represent Crisis Center at Community Activities
_____ Speaker's Bureau (Tell the Community what the Crisis Center "Is all about" -
Speak to Groups)

VOLUNTEER SERVICE/CONFIDENTIALITY AGREEMENT

As a volunteer of this agency, I agree to conform to the policies and requirements as the paid staff, such as being willing to submit to drug testing and agreeing to a background check. All results will be kept confidential and disclosed only to the designated representative of the Crisis Center.

I will respect the client's rights to confidentiality and will not discuss anything of a confidential nature with anyone other than the appropriate staff and volunteers of the Crisis Center. I agree that all volunteer services in which I participate will be provided without regard to race, creed, color, sex, or religion.

I agree that I will not hold the Crisis Center liable for any accident or injury incurred during my work as a volunteer.

If I decide to discontinue my volunteer participation, I will notify the Volunteer Coordinator a minimum of two weeks prior to my termination.

I understand that upon signing this agreement that in the event a Court Order is served me regarding my volunteer services at the Crisis Center, that I will immediately notify the executive director or, in the executive director's absence, designated staff person.

I understand that upon terminating my relationship with the Crisis Center that the confidentiality is maintained concerning my volunteer services.

Emergency Contact

Name: _____
Address: _____
Phone Number: _____
Relationship to You: _____

Personal References – Please do not use relatives

Name: _____
Address: _____
Phone: _____
Relationship to You: _____

Name: _____
Address: _____ Phone: _____

Volunteer Signature Date

Witness Signature Date