



# Volunteer / Intern Application

Please print clearly in ink. Do not leave blanks.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

(Maiden Name) \_\_\_\_\_ (Preferred Name) \_\_\_\_\_

Sex:  Male  Female Race/Ethnicity: \_\_\_\_\_

Marital Status:  Single  Married  Divorced Number of Kids and Ages: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Off-Campus Address (for college students): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Any other States you have lived in: \_\_\_\_\_

## Emergency Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Institution: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Special Skills / Hobbies / Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organizations / Clubs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Volunteer Experience:

Dates	Agency	Supervisor	Duties	Reasons for Leaving

Previous Crisis Intervention or Suicide Prevention experience and/or training?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our agency? \_\_\_\_\_

Check all volunteer opportunities that you are interested in:

- Internship (Undergraduate and Graduate level internships available)
- On-call Volunteer Advocate (i.e. responding to rape victims in ER)
- Crisis Hotline Volunteer Advocate (i.e. responding to rape victims on crisis hotline phone)
- Client Services Volunteer (i.e. answering phones, scheduling appointments, assist with filing and mailing)
- Agency Ambassador (i.e. promote agency mission/services, assist with special events, etc.)

Days and Times Available: \_\_\_\_\_

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Please list three **professional** references **including one employer**. *Please do not list friends/family members.*

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please read each statement carefully, you will be asked to sign your name in confirmation that your responses are indeed true and accurate. Check "Yes" or "No" as applicable. If you answer "Yes", please explain in detail in the space provided. We will further discuss this information in your interview as well as have you complete S.L.E.D. and DSS Background checks.

1. Have you ever been arrested, convicted or pled guilty to a crime?  Yes  No

If yes, give date(s), charge(s), and disposition(s) \_\_\_\_\_

2. Have you ever been investigated by DSS (Child Protection Services)?  Yes  No

If yes, give date(s) \_\_\_\_\_

3. Are you, or someone you are close to, a survivor of domestic violence?  Yes  No

If yes, have you received counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No Completion Date \_\_\_\_\_

(Answering yes to this question will in no way play a part in your eligibility to become a volunteer) \*Please refer to Policy # 8

4. Are you, or someone you are close to, a survivor of sexual assault or abuse?  Yes  No

If yes, have you received counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No Completion Date \_\_\_\_\_

(Answering yes to this question will in no way play a part in your eligibility to become a volunteer) \*Please refer to Policy # 8

5. Do you have any health or physical limitations?  Yes  No

If yes, explain: \_\_\_\_\_

I (your name) \_\_\_\_\_ agree that all of my responses to the above statements are true and accurate: \_\_\_\_\_ (initial)

*My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for denial into the volunteer/intern program and/or termination. I give authorization to Beyond Abuse to conduct an investigation into my background and understand this is a part of the requirements prior to becoming a volunteer/intern. I understand that Beyond Abuse will not be responsible for any personal injury or property loss, which may occur to me while performing volunteer/intern services. I also understand that I will not receive any compensation from Beyond Abuse or the individual or anyone else for serving as a volunteer/intern. Beyond Abuse will not turn away any individual due to race, color, religion, national origin, sex, sexual orientation, age, or marital status. Volunteers/Interns are accepted and/or placed at the discretion of the Victim Services Manager or designee.*

*I understand that this application is part of a process. The first step is to seek acceptance into the volunteer training program I may need, if applicable. Acceptance into the Beyond Abuse Volunteer/Intern Program is established upon successful completion of all steps in this process.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete the “Volunteer Window of Work.” It will be a primary indicator in helping us find a special place for you. By providing this type of information, we hope to tailor your volunteer position just for you. If we can find a good “fit” for you, we can provide you with an enjoyable and rewarding volunteer experience that will benefit you as well as our clients.

**Instructions:**

<p><b>Window 1:</b> In the first pane of this window under “Wise Whys,” write down why you decided to become a volunteer for this organization</p>	<p><b>Window 3:</b> The third pane is for listing your “Quests,” those things you yearn to learn more about or skills you would like to develop in life.</p>
<p><b>Window 2:</b> In the second pane “Glad Gifts,” list any talents, skills, interests, hobbies, etc. you do well that you enjoy. If you do it and like it, list it!</p>	<p><b>Window 4:</b> In the fourth pane “No-No’s,” list what you do not like or what you never want to be asked to do.</p>

**VOLUNTEER WINDOW OF WORK**

<p>(1) Wise Whys</p>	<p>(3) Quests</p>
<p>(2) Glad Gifts</p>	<p>(4) No-No’s</p>

## Volunteer/Intern Policies and Procedures

1. For interns and volunteer on-call advocates, an initial 26.5 hour volunteer training is provided at no charge by Beyond Abuse. Successful completion certifies volunteers to respond to the Emergency Room to provide victim advocacy and to answer Crisis Hotline calls.
2. For Client Services Volunteers, an initial 6 hour volunteer training is provided at no charge by Beyond Abuse. Volunteers may also participate in the complete 26.5 hour volunteer training, if desired.
3. Each volunteer/intern must sign and adhere to the Confidentiality Statement. No victim will be discussed or named by a volunteer/intern at any time other than with Beyond Abuse staff members.
4. Volunteers/Interns will be subject to background checks through SLED (State Law Enforcement Division) and DSS (Department of Social Services). In the event that a volunteer/intern has an arrest record, the Victim Services Manager will determine the severity of the crime and make a judgment to approve the volunteer to perform direct services.
5. Three (3) references must be provided. All will be contacted by letter or phone.
6. Volunteers/Interns should be 18 years of age and older.
7. Volunteers must have access to a phone, a car, and live within a thirty-minute (30 min) response radius of the hospital to be scheduled for "on-call" victim support for the emergency room.
8. Volunteers/Interns who have been victimized must receive counseling to overcome trauma issues. Counseling should be completed within a year of applying for the volunteer/intern status. If not, please include your counselor as a reference or have him/her send a letter of recommendation. Please note: When a volunteer states that they have a history of abuse, a precautionary assessment is required with an agency counselor prior to volunteering or going on call.
9. Volunteer meetings are held monthly/bi-monthly and attendance is **mandatory** for all volunteers. Volunteers are required to get 4 hours of continuing education each year, except for the first year.
10. Call schedules are mailed monthly to each volunteer. Conflicts with schedules should be reported to the Victim Services Manager immediately. If assigned dates are Monday through Thursday, please note that on-call hours begin each day at 5 pm and end the following morning at 8 am. If assigned dates are Friday, on-call hours begin Friday at 2 pm and end Saturday at 8 am. On-call hours for Saturday and Sunday begin at 8 am Saturday and end at 8 am on Monday.
11. After responding to the Emergency Room and/or Hotline, victim assessment and/or crisis call forms should be given to the Victim Services Manager within **24 hours** of the call. This enables the staff to complete victim support in a timely manner.
12. Volunteers/Interns must complete Volunteer Hour Log Forms at the end of their shift, and return by the end of the month to Victim Services Manager.
13. Professional service boundaries are required between volunteers/interns and victims at all times.
14. Beyond Abuse discourages any volunteer/intern from accepting gifts from victims.
15. Complaints of volunteer/intern misconduct will be investigated by the Victim Services Manager in conjunction with the Sexual Assault Program Director. Action will be taken as determined by the Executive Director according to the severity of the infraction.
16. Volunteers/Interns are encouraged to participate in public speaking engagements, health fairs, vigils, etc. in the community.
17. A committed volunteer/intern at Beyond Abuse is different from being a volunteer/intern at other organizations due to sensitive victim contact and committed hours. A firm commitment to the agency for a minimum of six (6) months is requested. Assess your availability before entering training.



## Confidentiality Agreement

During the course of your activities at Beyond Abuse, you may have access to information that is confidential. This information may not be disclosed except as permitted or required by law and by Beyond Abuse policies and procedures. *If you serve in a role that requires information to be shared due to an exception to confidentiality, Beyond Abuse will provide your name and contact information to the requesting authority as procedurally or legally required.*

Confidential information includes, but is not limited to:

1. Client reports or records generated by Beyond Abuse and its programs and those sent by other agencies to Beyond Abuse and its programs.
2. Medical/psycho-social information and other personal information about clients.
3. Client information that is disclosed during counseling sessions.
4. Client information that is disclosed during the forensic interview or follow-up meetings.
5. Reports, policies and procedures, marketing or financial information and other information related to the business or services of Beyond Abuse and its programs which has not previously been released to the public at large by a duly authorized representative of Beyond Abuse.

By signing this Confidentiality Agreement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not disclose the information to any person or in any manner.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with Beyond Abuse and its programs.
3. Failure to comply with your confidentiality obligation may result in disciplinary action by Beyond Abuse, such as immediate termination of your employment or your volunteer opportunity with Beyond Abuse.
4. Unauthorized disclosure of confidential information about a person may result in legal action being taken against you by or on behalf of that person.
5. If you are issued keys or passwords to secured areas, you must maintain control of those items at all times.
6. **You have read and understand this Confidentiality Agreement and have received a copy for your records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date