Beyond Abuse
awareness - advocacy - action

Date of Application:_____/_____/_____

Volunteer Application

Please print clearly in ink. Do not leave blanks.

Date of Birth: _____/_____/_____ Social Security #:_____-_____-_____

(SSN & Date of Birth are requested/required for National & State Background Checks) *Please refer to Policy # 4

Name:(Last)_____(First)_____(MI)_____

(Maiden Name)_____ (Preferred Name)_____

Local Address:_____

City:_____ County:_____ State:_____ Zip:_____

Off-Campus Address (for college students):_____

City:_____ County:_____ State:_____ Zip:_____

Phone: (H)_____ (W)_____ (C)_____

E-mail address:_____

Any other States you have lived in:_____

Emergency Contact Information:

Name:_____ Relationship:_____

Phone: (H)_____ (W)_____ (C)_____

Address:_____

City:_____ County:_____ State:_____ Zip:_____

Are you volunteering for class credit? ☐ Yes ☐ No If yes, hours required:_____

I am a (please check one): ☐ BS Student ☐ MS Student ☐ Other:_____

College/University attending:_____

Major/Minor:_____

Expected Graduation Date:_____

Please provide your hours of availability:

Please fill out your hours of availability for the volunteer position you are seeking:

DAY(s)	TIME(s) (Mon.-Thu. 8 am - 5 pm & Fri. 8 am - 2 pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Because of the sensitive nature of our work at Beyond Abuse, we strive to place volunteers in the most appropriate position possible to meet the needs of the clients and families we serve.

How did you hear about Beyond Abuse? _____

_____

What do you know about Beyond Abuse? What do you expect to contribute?

_____

_____

_____

Briefly describe why you would like to volunteer at Beyond Abuse.

_____

_____

_____

Previous Crisis Intervention or Suicide Prevention experience and/or training? ☐ Yes ☐ No
If yes, please explain:_____

_____

_____

Throughout your employment history, experiences, or education, have you had any exposure to issues of child abuse or sexual assault? Describe the situation and how you addressed it? Continue on a separate piece of paper if necessary.

_____

_____

_____

Describe a particularly stressful situation from your current or former work and/or volunteer positions and how you handled it? (continue on a separate piece of paper if necessary)

How do you manage your schedule between work, school and other activities?

How comfortable are you with responding to the ER to provide support to sexual assault victims? Would you have any problems responding nights and weekends? (continue on a separate piece of paper if necessary)

Please list any other languages you speak:

Are you involved with or a member of other clubs, groups or organizations? ☐ Yes ☐ No
If yes, please tell us about them:

Please list any special skills, hobbies, or interests you have that might be helpful in your work at Beyond Abuse

What would you like to tell us about yourself that is not reflected on this application?

Employment (only complete this section if currently employed):

Company: Position/Title:

Address:

City: State: Zip:

Supervisor Name/Title:_____ Phone:_____

May we contact your employer for a reference? ☐ Yes ☐ No

Volunteer Experience:

Agency	Dates	Duties	Reason(s) for Leaving

Check all volunteer opportunities that you are interested in at Beyond Abuse:

☐ On-call Volunteer Advocate (i.e. responding to rape victims in ER)
☐ Support Line 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)

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

1. Name/Relationship to you:_____ How long have you known them? _____

   E-mail:_____ Phone Number:_____

2. Name/Relationship to you:_____ How long have you known them? _____

   E-mail:_____ Phone Number:_____

3. Name/Relationship to you:_____ How long have you known them? _____

   E-mail:_____ Phone 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., DSS and National 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 If yes, 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 # 9 on pg. 9**

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 If yes, 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 # 9 on pg. 9**

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 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. I understand that Beyond Abuse will not be responsible for any personal injury or property loss, which may occur to me while performing volunteer 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. Beyond Abuse will not turn away any individual due to race, color, religion, national origin, sex, sexual orientation, age, or marital status. Volunteers 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 appropriate training program I may need, if applicable. Acceptance into the Beyond Abuse Volunteer Program is established upon successful completion of all steps in this process.

_____

Volunteer Signature **Printed Name** **Date**

Please send completed application to:
Beyond Abuse
Attn: Victim Services Manager
PO Box 693
Greenwood, SC 29648
Or via email to: ewise@beyondabuse.info

Upon receipt of your application, your references will be contacted and an interview with the Victim Services Manager will be set to discuss your volunteer interest. Please allow 4-6 weeks to process your application and background checks.

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Volunteer Commitment Agreement

I acknowledge the importance of volunteering/interning through Beyond Abuse (BA) and understand that attending the 27.5 Hour training is intended for Volunteer purposes only. After being accepted and completing the required training, I understand that I am to begin the Volunteer program at BA.

Commitment:

1. I commit myself to six months of being active in the Beyond Abuse Volunteer Program after successful completion of the 27.5-hour training.
2. I commit to be on-call at least 4-6 shifts per month, depending on length of shift (you choose your shifts)
    a. On-call Shifts are as follows:
        i. Monday-Thursday from 5 pm - 8 am
        ii. Friday from 2 pm - 8 am
        iii. Saturday & Sunday from 8 am - 8 am
3. I commit to attending 4 hours of continuing education training yearly to remain active in the BA Volunteer program.
4. I understand that I am expected to be punctual for assigned shifts and to provide as much notice as possible if I am not able to fulfill my assigned shifts.

Failure to comply with this commitment will result in immediate removal from the BA Volunteer program with no further recommendations and/or references from agency supervisor(s). Those removed from the program will be required to return all on-call materials (ID Badge, bag, clothing, stuffed animals, paperwork, etc.). Failure to return items will result in Volunteer paying a $25 non-return free.

Written notification will be required if you are not able to fulfill the six-month commitment.

Volunteer Signature	Volunteer Printed Name	Date
BA Staff Signature	BA Staff Printed Name	Date

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Staff/Volunteer Confidentiality Agreement

During the course of your activities at Beyond Abuse, you may have access to information that is confidential. Confidential information may not be disclosed except as permitted or required by law and by Beyond Abuse policies and procedures. ***Please note that Beyond Abuse will provide your name and contact information as legally required by court order or subpoena to the requesting authority. This requirement will include post-employment or volunteer roles with the agency.***

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.

Electronic Communication of Confidential Information: Any exchange of confidential information via any form of electronic communication (emails, flash drives...) between *Beyond Abuse Staff and investigative parties (i.e. Law Enforcement, Child/Adult Protective Services, OHAN, SLED, etc.) must exclude identifying client information, or must be encrypted, and /or require a password to open. **In no event should a volunteer process any confidential information electronically.**

*Only authorized staff who need to know case information shall be included in any exchange of information

Information that may be transferred electronically includes:

- Law Enforcement incident reports and supplemental documentation
- Child/Adult Protective Services records, safety plans, and court documents
- Beyond Abuse intake information
- Signed Beyond Abuse consent forms
- Forensic Interview Reports
- Any other communications required to provide a continuation of services (including but not limited to appointment scheduling, appointment reminders, investigation case updates, etc.)

Employees must document the transfer of any and all confidential information between parties in the client's file.

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.**

Volunteer Signature	Volunteer Printed Name	Date

BA Staff Signature	BA Staff Printed Name	Date

Volunteer Expectations & Policies

1. For volunteer on-call advocates, an initial **27.5-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 Support Line calls/walk-ins.

2. A committed volunteer at Beyond Abuse is different from being a volunteer at other organizations due to sensitive client contact and committed hours. A firm commitment to the agency for a **minimum of six (6) months is required**. Assess your availability before entering training. **(see Commitment Agreement on pg. 6).**

3. Volunteers **MUST** sign-up for 4 to 6 on-call shifts per month. **(see Commitment Agreement on pg. 6)**

4. Each volunteer must sign and adhere to the Confidentiality Statement. No victim will be discussed or named by a volunteer at any time other than with Beyond Abuse staff members.

5. Volunteers will be subject to background checks through SLED (State Law Enforcement Division), DSS (Department of Social Services), a National Background Check, & SC Sex Offender Registry. In the event that a Volunteer has an arrest record, the Victim Services Manager will determine the severity of the crime and make a judgment to approve &/or deny the volunteer the ability to perform direct services. ***Background check fees are covered by Beyond Abuse.**

6. Three (3) professional references must be provided. All will be contacted by e-mail and/or phone.

7. Volunteers should be 18 years of age and older.

8. 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.

9. Volunteers who are survivors of sexual violence can have negative impacts when working with other survivors if he/she is not in a good place. **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.

10. Volunteer meetings are held 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.

11. Call schedules are e-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.

12. After responding to the Emergency Room and/or Support Line, medical assessment and/or crisis intervention forms should be given to the Victim Services Manager within **24 hours** of the response/call. This enables staff to complete victim support/follow up in a timely manner.

13. Volunteers must complete Volunteer Hour Log Forms at the end of each month, and return them by the 5th of the following month to the Victim Services Manager.

14. Professional service boundaries are required between volunteers and clients/survivors at all times.

15. Beyond Abuse discourages any volunteer from accepting gifts from clients/survivors.

16. Complaints of volunteer misconduct will be investigated by the Victim Services Manager in conjunction with the Client Services Director. Action will be taken as determined by the Executive Director according to the severity of the infraction.

17. Volunteers are encouraged to participate in public speaking engagements, health fairs, vigils, etc. in the community.

FOR OFFICE USE ONLY:

Date Application Received: ____/____/____

Interview Scheduled: ☐ YES ☐ NO If yes, date and time of interview ____/____/____ @_____ am / pm

Have Background Checks been completed? ☐ YES ☐ NO

- Date Background Checks cleared
  - SLED ____/____/____
  - DSS ____/____/____
  - National ____/____/____
  - Sex Offender Registry ____/____/____

Document Contacts:

Date	Time	Contact (voicemail, letter, etc.)

South Carolina
Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Tel: (803) 737-9000

Henry D. McMaster, Governor
Mark A. Keel, Chief

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

(A self addressed stamped envelope is required for the return of background

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: Beyond Abuse

VERIFICATION NUMBER (as provided by SLED for online checks): N0364

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: _____

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:
The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) Revised 09/25/15