

Volunteer Application

Please print clearly in ink. Do not leave blanks.

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____
(SSN & Date of Birth are requested 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: _____ 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:

- 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.)
- Maintenance Volunteers (i.e. help with small projects around the agency that need attention)

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 Background checks 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 # 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 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 # 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 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.

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 weeks to process your application and background checks.

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.) |
|------|------|-----------------------------------|
| | | |
| | | |
| | | |

Volunteer Policies and Procedures

1. For interns and 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 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 27.5-hour volunteer training, if desired.
3. 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.
4. Volunteers will be subject to background checks through SLED (State Law Enforcement Division), DSS (Department of Social Services), and a National Background Check. 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 the volunteer to perform direct services.
5. Three (3) references must be provided. All will be contacted by e-mail or phone.
6. Volunteers 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 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.
9. 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.
10. 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.
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 must complete Volunteer Hour Log Forms at the end of their shift(s), and return them by the 5th of the following month to the Victim Services Manager.
13. Professional service boundaries are required between volunteers and clients/survivors at all times.
14. Beyond Abuse discourages any volunteer from accepting gifts from clients/survivors.
15. 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.
16. Volunteers are encouraged to participate in public speaking engagements, health fairs, vigils, etc. in the community.
17. A committed volunteer at Beyond Abuse is different from being a volunteer at other organizations due to sensitive client/survivor 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.

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.**

Signature

Printed Name

Date

Witness Signature

Printed Name

Date