



Diane Pepler Resource Center, Inc.

07/10/15

Volunteer / Student Intern Application

Application Date: _____

Volunteer Areas of Interest: (Check All That Apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Crisis Line | <input type="checkbox"/> Shelter Coverage | <input type="checkbox"/> Night Monitor |
| <input type="checkbox"/> Shelter Coverage
(Regular) | <input type="checkbox"/> (Holidays) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Manual Labor | |

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Date of Birth: _____

AVAILABILITY

Check the days of the week that you are available and circle **AM** (Morning 8am-4pm),

PM (Evening 3pm-11pm), or **ON** (OverNight 11pm-8am):

- | | | |
|---|--|--|
| <input type="checkbox"/> Monday (AM, PM, ON) | <input type="checkbox"/> Thursday (AM, PM, ON) | <input type="checkbox"/> Sunday (AM, PM, ON) |
| <input type="checkbox"/> Tuesday (AM, PM, ON) | <input type="checkbox"/> Friday (AM, PM, ON) | |
| <input type="checkbox"/> Wednesday (AM, PM, ON) | <input type="checkbox"/> Saturday (AM, PM, ON) | |

EDUCATION

Highest Level of Education: _____

Languages Spoken: _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title: _____

Dates of Employment: (starting, ending) _____

Company/Employer: _____

Address: _____

Phone: _____



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SKILLS & EXPERIENCE

Special training or skills: _____

Groups, clubs, organizational memberships: _____

Please describe your prior volunteer experience: (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer in the field of domestic violence? _____

Briefly discuss why you would like to become a volunteer with the Diane Pepler Resource Center: _____

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of the conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work.) _____



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Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

Are you certified in any of the following?

First Aid? No Yes

CPR? No Yes

Pediatric CPR? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Exclude relatives.

Name/Organization	Relationship to you	Length of relationship	Phone number

EMERGENCY CONTACT

Name: _____ Phone: _____

Street Address: _____

City, State and Zip Code: _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Diane Pepler Resource Center that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Diane Pepler Resource Center. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Diane Pepler Resource Center or my termination as a volunteer.

Signature: _____ Date: _____



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Volunteer Services Agreement

In accepting the services of a volunteer, the Diane Pepler Resource Center will, to the best of its ability:

- Designate specific services to be provided by the volunteer
- Prepare a job description for volunteers
- Provide orientation to the center's policies and procedures
- Provide adequate training for the volunteer
- Provide adequate, continuous supervision of volunteer activities
- Strive for a climate of cooperation and mutual respect between employed personnel and volunteers

In accepting appointment as a volunteer with the Diane Pepler Resource Center, I the volunteer will, to the best of my ability:

- Abide by the rules, policies and procedures of the center
- Endeavor to understand and accept the clients, with whom I come in contact
- Participate in authorized orientation and in-service training
- Perform the tasks set forth in my job description
- Be faithful in keeping appointments and adhering the agreed upon schedule
- Report promptly any impending absence so that a replacement can be found to carry out my assignment

I understand I am not permitted to discuss with unauthorized persons, either in or out of working hours, information regarding individual clients which has come into my possession in the course of my volunteer activities.

Signature of Volunteer

Date

Signature of Witness

Date



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DPRC Ethical Standards for Staff and Volunteers

1. All staff and volunteers are required to observe the policy relating to confidentiality.
2. There is to be NO sexual contact between staff or volunteers with the clients.
3. Socializing with clients it to be limited to program-related activities as long as the client is receiving services through this organization.
4. Staff and volunteers are bound by house rules, with the exception that the night monitors may have visitors.
5. Staff and volunteers shall neither lend nor accept money from residents.
6. Options may be offered but decision making is to be left to the client.
7. Staff and volunteers must relate to clients and agencies in a professional manner.
8. Staff and volunteers must be honest, responsible individuals.
9. Staff and volunteers must maintain a non-judgmental attitude; abide by the mission and philosophy of program.
10. Staff and volunteers shall promote client self-determination and empowerment.
11. All staff and volunteers are not to be under the influence of alcohol or other mind altering drugs while on duty.
12. When ethical standards are in question, volunteers are required to consult with staff and the staff is required to consult with the appropriate resources.
13. Violence will not be tolerated; which includes but is not limited to, verbal, physical, and stalking violence. If there is a disagreement among staff or staff and resident which cannot be resolved, the grievance procedure shall be activated.
14. Sexual harassment will not be tolerated. Grievance may follow personnel procedure. The employee may also choose to follow legal procedure. *See Sexual Harassment Policy*
15. Nepotism is defined as blood relationships or partner relationships. This circumstance is acceptable for employment, however if this relationship exist one cannot be supervisor of the other. If a client is related to a staff person, another staff will assume responsibility for the case.
16. Access to facility equipment to include but not limited to phone, internet, copier, fax, are allowed on a limited basis monitored by the supervisors, all usage must not be in conflict with the philosophy of the program.

Signature

Date