

# WOMEN AND CHILDREN'S HORIZONS

*Advocating for Victims of Domestic and Sexual Violence*

## Volunteer Application

Thank you for your interest. Please complete this application and return it to Women and Children's Horizons, 2525-63<sup>rd</sup> Street, Kenosha, WI 53143, fax to 262-656-3402, or scan to [volunteercoordinator@wchkenosha.org](mailto:volunteercoordinator@wchkenosha.org).

Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Other/Preferred Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_ (2<sup>nd</sup>): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Application:** Please indicate what areas you are interested in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> On Call Advocate*         | <input type="checkbox"/> Annual Events          | <input type="checkbox"/> Intern (Specify) _____ |
| <input type="checkbox"/> Shelter Advocate*         | <input type="checkbox"/> Office Assistant       | <input type="checkbox"/> Transportation/Courier |
| <input type="checkbox"/> Children's Advocate*      | <input type="checkbox"/> Outreach Opportunities | <input type="checkbox"/> Maintenance            |
| <input type="checkbox"/> Nifty Thrifty Resale Shop | <input type="checkbox"/> Group Projects         | <input type="checkbox"/> Other (Specify) _____  |

*\*Please note all volunteers for direct client services are required to attend advocate training.*

**How did you become interested in volunteering for Women and Children's Horizons?**

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**List previous experiences (volunteer, paid, or educational) that would be helpful in working with people:**

Dates	Organization	Activity	Experience gained

List your present and past employment for the last five years:

Name of Company	Address	Phone	Length of employment

List any experience, education, skills, hobbies, or languages that might be helpful in your volunteer work:

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**Volunteer work objectives:**

- Learn new skills                       Meet and work with people                       Fun  
 Explore careers                       Help the community                       Relaxation  
 Use existing skills                       Support a cause you are passionate about

If you are applying for direct client services – working with victims and children, what special qualities do you have that you will bring with you to work with abused victims and families:

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How much time do you want to volunteer on a monthly/weekly basis: \_\_\_\_\_

When are you available to volunteer (weekdays, weekends, evenings, etc.\*)? \_\_\_\_\_  
(\*Be as specific as possible including days and times that work for you) \_\_\_\_\_

**All Applicants:**

Please give us three non-relative references who can be contacted.

Name: _____ Phone/Email: _____ Occupation: _____
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Name: _____ Phone/Email: _____ Occupation: _____
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Name: _____ Phone/Email: _____ Occupation: _____
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## Volunteer/Intern Code of Conduct and Confidentiality

Name: (Please Print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. I will not be under the influence of any illegal, non-prescribed drugs, or alcohol during work/volunteer hours.
2. I will not influence others while on the job to come under the influence of any illegal, non-prescribed drugs, or alcohol, or participate in the sale thereof.
3. I will report any knowledge of drug use or sale to an immediate supervisor.
4. When under a doctor's care and am prescribed medication that might interfere with volunteering, I will inform the supervising staff member or volunteer coordinator of such in writing, and will work only with authorization.
5. I understand that any information seen or heard in the course of volunteering/working is to be kept in **strict confidence**, and **no information is to be given out about a client** without his/her written consent, or with the written consent of WCH.
6. I will immediately report to the volunteer coordinator any conflict of interest on my part, and understand I will not be able to participate in direct supervision of any close friend or relative.
7. Contact with any client will be kept on a professional level.

Termination of my volunteer/intern opportunity could result from any of the following:

1. Routine unsatisfactory/disruptive volunteer performance.
2. Conviction of a criminal offense while volunteering/interning.
3. Insubordination.
4. Excessive tardiness (Intern).
5. Three unexcused absences within a semester's time (Intern).
6. I also understand that I am not eligible to volunteer for WCH if I have used any of the agency services within the last twelve months.

Have you ever been found guilty of, or do you presently have pending, any violations of the law, including ordinance violations other than minor traffic violations? (In accordance with State Law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.)

\_\_\_\_\_Yes      \_\_\_\_\_No

If yes, please explain:

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**Kenosha is a small town and at times we come in contact with survivors known to us. Will you sign a confidentiality contract:** \_\_\_\_\_Yes      \_\_\_\_\_No

**Please be aware that as a matter of course, Women and Children's Horizons obtains criminal history/background checks on potential volunteers through law enforcement and social services agencies to check for allegations/substantiated child abuse or neglect situations. For that reason, please provide your social security number on the following two pages. All information is kept confidential.**

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By signing this form I indicate that I have read and understand that Women and Children's Horizons will perform a background check. I also understand the above information is supplied voluntarily and that as a volunteer I will not be paid for my services. I understand and agree with all above conditions of volunteering with WCH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



