

WOMEN AND CHILDREN'S HORIZONS

Advocating for Victims of Domestic and Sexual Violence

Volunteer Application (Short Form- Nifty Thrifty)

Thank you for your interest. Please complete this application and return it to Women and Children's Horizons, 2525-63rd Street, Kenosha, WI 53143, fax to 262-656-3402, or scan to volunteercoordinator@wchkenosha.org.

Name: _____ Maiden Name: _____

Address: _____ City/State/ZIP: _____

Telephone: (Primary) _____ (Secondary) _____

E-mail address: _____

Date of Birth: _____ Gender: _____ Race: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Are you part of a group? _____ If yes, Group Name _____ Volunteer Date: _____

Volunteer work objectives:

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

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 typical days and times that will work for you)

All information is kept confidential.

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.

Signature

Date Signed

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:

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.

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

