

For Department Use Only: Date Received By Department: — Accepted \_\_\_ Declined \_\_\_\_\_

# WOMEN'S CRISIS SUPPORT TEAM VOLUNTEER APPLICATION

Submit to: contact@westjoco.org

We consider applications for all positions without regard to race, color, religion, creed, gender, national Origin, age, disability, marital status, sexual orientation, or other legally protected status.

Department Desired (Intervention, Shelter):

\_\_\_\_\_ Date: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Have you ever volunteered for Women's Crisis Support Team before? .....

Yes  No

On what date would you be available to volunteer? .....

\_\_\_\_\_ Would you like to be employed by WCST? .....  Yes  No

**What you would like to do as a Volunteer?**

\_\_\_\_\_

Date and Times Available: (Be specific):

**Previous Volunteer Experience:**

Organization : \_\_\_\_\_

Dates: \_\_\_\_\_

Organization: \_\_\_\_\_

Dates: \_\_\_\_\_

Organization : \_\_\_\_\_

Dates: \_\_\_\_\_

**Employment**

Current Employer: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Interests, Skills and Hobbies:**

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Do you have a car available? \_\_\_\_\_ Auto Insurance/Policy Number :  
\_\_\_\_\_

Driver License No. : \_\_\_\_\_ Issuing State:

Do you have any driving violations? .....  Yes  No

Have you ever been convicted of any criminal acts? .....  Yes

No

Conviction will not necessarily disqualify an applicant from volunteering .

If yes, please explain : \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Person to contact in case of an emergency:

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone : \_\_\_\_\_

\_ If you have a disability and require accommodations to perform your volunteer assignment, please indicate the needed accommodations:

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I hereby authorize Women's Crisis Support Team to contact any source to verify and obtain information in assessing my qualifications, including but not limited to past/present employment, law enforcement agencies and references unless otherwise specified. I certify there are no misrepresentations or falsifications on this application and I am aware that any misstatements may cause disqualification of my application.

Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Confidentiality Agreement**

Confidentiality is the preservation of information disclosed in a professional working relationship. All of the information you gain as a volunteer regarding clients and patrons is confidential. Disclosure of such information could make you legally liable.

All records and information, including names, concerning individuals are confidential. General information, policy statements, or statistical material not identified with any particular information is not considered confidential.

Breaching confidentiality will lead to immediate dismissal as a volunteer with Women's Crisis Support Team.

Giving information to an unauthorized individual would be interpreted as acting outside the scope of your duties as a volunteer and WCST would not support you in the event of legal action.

Violation of Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1000 or imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read the material above and discussed it with the Volunteer Coordinator from my department. I further understand my duty to abide by all Women's Crisis Support Team rules and policies.

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Signature of Volunteer

Date

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Volunteer Coordinator

Date

## Volunteer Driver Agreement

I, as a volunteer, understand that I am an important member of a team delivering service's to the citizens of Josephine County and surrounding areas.

I use my privately owned vehicle to perform my volunteer duties and :

- \* I declare that it will be in good mechanical condition.
- \* I will maintain insurance coverage on my vehicle that meet the DMV state requirements.
- \* I understand that my own personal automobile liability insurance will be responsible first in the event of an accident.
- \* I understand that WCST will not pay for any damages to my vehicle.

If I use a vehicle registered to the WCST in my volunteer duties, I agree that:

- \* The vehicle will be used exclusively for trips directly related to my volunteer duties and not for personal purposes.
- \* I represent the Women's Crisis Support Team Volunteer Program while driving a WCST vehicle and will represent the program responsibly.
- \* I will review and abide by all Vehicle Rules for Oregon Drivers.
- \* If I do not follow the rules, I may be held personally responsible for any liability or damage to the vehicle.

When my assignment requires the use of either my private or a WCST vehicle, I understand that:

- \* My motor vehicle record will be requested and must meet standards as stated.
- \* I must endeavor to operate the vehicle in accordance with the traffic laws of the state in which it is being driven.
- \* I will ensure that all adults riding in the vehicle are using seat belts and that all children are secured with approved child safety restraints.
- \* I will require all clients under five feet tall to sit in the rear seat of the vehicle.
- \* I will immediately notify the Volunteer Coordinator of the department I am working in if I am involved in an accident or convicted of a traffic violation.

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Signature of Volunteer

Date

## Criminal History Check Authorization

It is the policy of Women's Crisis Support Team that all prospective volunteers are subject to a criminal background history check. Information obtained about an individual is confidential. Conviction of an offense will not necessarily exclude an individual from serving as a volunteer. An individual who refuses to consent to a criminal history check, however, shall be disqualified from volunteer program consideration.

Full Legal Name: \_\_\_\_\_  
Last First MI

List All Other Names Used : \_\_\_\_\_  
(Including birth, former married, legal name changes)

Current Address : \_\_\_\_\_ City : \_\_\_\_\_ Zip : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender (circle one) Male Female

Drivers License No : \_\_\_\_\_ Issuing State: \_\_\_\_\_

I hereby authorize Women's Crisis Support Team to investigate and obtain any and all information concerning my criminal and driving record (whether same is of record or not), and hereby release all persons, whomsoever, from any charge due to furnishing said information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Women's Crisis Support Team and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____	Male _____	Female _____
Current Address: _____		
Other Names Used: _____ (Maiden, alias', legal name change, etc.)		
DOB: _____	DL#: _____	State: _____
Previous Addresses in past 7 years: _____ _____ _____		
Have you ever been convicted of any crime? Yes _____ No _____		
If "Yes," explain: _____ _____		

Applicant's signature: I have reviewed and completed this form as applicable to me. I give

\_\_\_\_\_ permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_