

Victim Services of Cullman, Inc. Volunteer Application

NAME:

PHONE:

EMAIL:

DATE OF BIRTH:

ADDRESS:

- How long can you serve as a volunteer? _____
- How often are you able to work? ___Daily ___Weekly ___Monthly
- What Days and Hours can you work? Days: ___M ___T ___W ___Th ___F ___All
Hours: From _____ To _____ (Office Hours 8:00am-4:30pm)
- Below, briefly describe why you are interested in volunteering at Victim Services of Cullman (VSOC) Inc.

(Please check the services you would be willing to do as a volunteer)

- Childcare Fundraising Yard Work Answering Crisis Calls
 Opening Doors Office Aide Cleaning Pickup/Sorting Donations
 Outreach Shopping Advocacy Providing Transportation

Other, Please Specify: _____

Health History

Preferred Hospital _____

Primary Care Physician _____ Phone _____

Known Allergies _____

___ Diabetes

___ Asthma

___ High Blood Pressure

Any other relevant medical information:

Note: This information will only be utilized if a medical emergency arises while volunteering with VSOC Inc.

Emergency Contact

Name _____ Phone _____

Email _____ Relationship _____

Address _____ City _____ State _____ Zip _____

References

(Please List three people, not related to you, you have known at least one year)

Reference 1:

Name _____ Phone _____

Email _____ Relationship _____

Address _____

Reference 2:

Name _____ Phone _____

Email _____ Relationship _____

Address _____

Reference 3:

Name _____ Phone _____

Email _____ Relationship _____

Address _____

Criminal History

Note: VSOC Inc. requires each volunteer to be screened for criminal history

- Do you agree to a background check? ___Yes ___No
- Do you agree to let us file a copy of your driver's license? ___Yes ___No
- Do you agree to be fingerprinted, if needed? ___Yes ___No
- Do you agree to a drug test, if needed? ___Yes ___No

Date of Birth ___/___/_____ Race/Ethnicity_____

SSN_____ DL#_____ State Issued_____

- Have you ever been convicted of a felony? ___Yes ___No

If yes, please explain _____

- Have you ever been convicted of any Violent Crimes? ___Yes ___No

If yes, please explain _____

- Have you ever been convicted of any kind of DV or harassment charge? ___Yes ___No

If yes, please explain _____

- Have you ever been convicted of any crime involving moral or criminal turpitude?

___Yes ___No

If yes, please explain _____

Agreement

I _____ agree to accept orientation and staff supervision by the staff of Victim Services of Cullman, Inc., and abide by its standards and policies in which I am trained. I understand the information provided to Victim Services of Cullman, Inc., including the listed references, is confidential information between Victim Services of Cullman, Inc., and its source.

I understand the decision to select volunteers is left entirely to the discretion of the staff of VSOC, Inc. Specifically, the hired Volunteer Coordinator and/or Executive Director.

Signature: _____ Date: _____

Witness: _____ Date: _____

Church, Organization, Case Worker or Judge to receive credit for this volunteer referral:

Name _____

Organization/Church _____

Phone _____

Address _____

Victim Service of Cullman, Inc.

Confidentiality Statement

(For those who are Visitors, Volunteers, Workers or Providing a Service for VSOC)

- I. As an individual visiting Victim Services of Cullman, Inc., I understand that all I see or hear is to be held in the highest confidence. I also understand that the location of the shelter is confidential, and I agree to hold that information in confidence.
- II. I understand that I am not to communicate any information regarding the agency, or agency clients to anyone, for any reason.
- III. I further recognize that VSOC, Inc. relies on confidentiality for the safety of the staff, volunteers and those being served by the agency.
- IV. I understand fully that a break in this confidentiality statement could lead to violent acts of harm towards the agency, and those associated with it.

By signing this contract, I _____, understand and agree to stand with the above stated policies regarding confidentiality.

Visitor Signature _____ Date _____

Witness Signature _____ Date _____

Reason for Visit _____

Victim Service of Cullman, Inc. Background Check Information

This information page is required to ensure that we have the correct information to obtain a successful background check.

Please give the following information:

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Race/Ethnicity: _____

Do we have permission to do a criminal check using the above information?

___Yes ___No

Signature _____

Date _____

Witness _____

Date _____