



THE
Women's
CENTER

The Women's Center, Inc. Prospective Volunteer Data

For Office Use Only

Date Rec'd _____

Date Background Check _____

Interview Date _____

Positions: _____

Last Name _____

Date _____

First Name _____ M.I. _____

Phone #: Home: _____

Cell: _____ Work: _____

Address _____

City, State, Zip _____

Age _____ Children: ___Yes ___No Email: _____

When is the best time to reach you by phone? _____

Present Employer _____ Phone # _____

Job Title _____ Hours _____

Please list 2 professional references such as employer, teacher, or supervisor. Please do not list close friends or relatives.

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

How did you learn about The Women's Center?

Poster/Flyer _____ Newspaper _____

Television _____ Radio _____

Internet _____ The Women's Center Advocate _____

Other (please specify) _____

Availability

Please indicate the hours that you are able to volunteer.

WEEKDAYS ___Mondays ___Tuesday ___Wednesday ___Thursday ___Friday

___Mornings ___Afternoons ___Evenings ___Overnight

WEEKENDS ___Saturday ___Sunday

___Mornings ___Afternoons ___Evenings ___Overnight

Listed below are the volunteer positions. Please check the one(s) that are most interesting to you.

ADVOCATE (DIRECT)

___ Community Outreach & Support

___ Shelter Assistant

___ On Call Advocate

___ Gentle Man

___ Childcare

___ Receptionist

GENERAL (INDIRECT)

___ Maintenance

___ Food Pantry/Donation Sorting

___ Fundraising

___ Clerical

___ Mailings

___ Special Events

___ Special Projects

___ Gardening/Yard Maintenance

Education & Personal Background Information

Education (including any degrees earned) _____

Hobbies & Interests _____

List below any skills you have that will be helpful to your volunteer positions. These skills can range from employment and/or volunteer experiences to life experiences you have had. Keep in mind that experience is not necessary to become a volunteer.

How did you decide to become a volunteer at The Women's Center? _____

Are you multilingual? If so, what languages do you speak fluently? _____

Background Check Policy

In 1998, the Wisconsin Caregiver Background Check Law became effective. This law was implemented as a mechanism to safeguard patients and clients from various types of abuse and/or mistreatment by some caregivers at agencies and institutions defined as caregiving institutions. The law requires criminal background checks of employees and other individuals working with certain care-giving entities or providers. Although The Women's Center is not an entity or provider currently covered by this statute, in recognition of the vulnerability of the clients we serve, we have decided that it is in the best interest of our clients to begin to do a caregiver background check on all of our new volunteers who will have contact with our clients. This procedure is consistent with agency efforts to provide the safest setting possible for our clients, staff and volunteers. No one will be illegally discriminated against because of his or her conviction record. In order to conduct the caregiver background check, the following information is needed:

Social Security Number: _____ Birth date: _____

To volunteer at The Women's Center, you must not have used services within the past two years (twenty-four months). Have you used services in the past two years? ___ Yes ___ No

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic offenses? ___ Yes ___ No If yes, explain 1) nature of the crime, 2) date of conviction, and 3) county and state in which convicted.

Do you have any pending criminal charges against you? ___ Yes ___ No

If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Personal Driving Record

Do you have a valid Driver's License? ___ Yes ___ No

Would you be willing to use your own vehicle for transporting TWC clients? ___ Yes ___ No

In order to assure an appropriate driving record, have you ever been convicted of reckless driving, drunken driving, or driving under the influence? ___ Yes ___ No If yes, when and where? _____

Do you currently have auto insurance? ___ Yes ___ No (Please note that volunteers who transport clients are required to have proof of insurance on file with The Women's Center.)

EMERGENCY INFORMATION

DOB: _____ Allergies: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

In case of emergency, please list at least two people that someone can contact should the need arise.

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Volunteer Agreement

I certify that the statements herein are correct and true to the best of my knowledge. I understand that, if asked to volunteer, falsified statement on this application shall be considered cause for dismissal.

Confidentiality in all matters relating to clients and various programs is absolutely essential. It is The Women's Center's policy to hold confidential all observations and information made by and between or about The Women's Center's clients and program participants. Also confidential are conversations between co-workers and volunteers. All staff and volunteers of The Center are subject to this policy.

Signature _____ Date _____