

Women and Children's Horizons Volunteer Application

Thank you for your generosity. The time and energy of our volunteers make Women and Children's Horizons effective for survivors and victims of sexual and domestic abuse. Please complete this application and return it to Linda Baumeister at Women and Children's Horizons, 2525-63rd Street, Kenosha, WI 53143. If you have questions, please phone Linda at 262 656-3500.

Name: _____ Maiden Name _____

Telephone (Home) _____ (work) _____ (cell) _____

Address: _____ City/ZIP: _____

Length at present residence _____ Length at Previous Residence _____

e-mail address _____

Date of Birth _____ Gender _____ Race _____

Emergency Contact: _____ Phone: _____

Type of Application: Please number your areas of interest with #1 being most appealing to you Direct Client Services - ____ Advocate ____ Office ____ Child Activities _____ Maintenance/Item Pick up & Delivery Events _____ Outreach/Fundraising Other (Specify) _____

Please note that for direct client services a training of 28 hours is required. A curriculum is available for dates and times of next training.

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

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

Activity	Organization	Dates	Experience gained

List your present and past employment for the last five years

Name of Company	Address	Phone	Length of employment

List any skills, hobbies, interests, or languages that might be helpful in your volunteer work.

Volunteer work objectives:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Meet and work with people | <input type="checkbox"/> fun |
| <input type="checkbox"/> Explore careers | <input type="checkbox"/> Help the community | <input type="checkbox"/> relaxation |
| <input type="checkbox"/> Use existing skills | <input type="checkbox"/> Develop new skills | |

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?

How much time are you able to commit to on a monthly/weekly basis? _____

For On Call Advocates - Are you able to commit to 4 “on call” shifts per month? (weeknights from 5PM to 5AM, weekends 9AM to 5PM/5PM to 9AM) Yes_____ No_____

Are you able to commit to one hour per month for training? (Usually the 3rd Monday night each month) Yes_____ No_____

For all Applicants:

Please give us two non relative references who can be contacted.

Name _____
 Address _____
 Phone: _____
 Occupation _____

2, Name _____
 Address: _____
 Phone: _____
 Occupation _____

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?

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:

_____-_____-_____. **All information is kept confidential.**

By signing this form I indicate that I have read and understand that Women and Children’s Horizons will check my history. I also understand the above information is supplied voluntarily and that as a volunteer I will not be paid for my services.

_____ Signature Date_____

Women and Children's Horizons, Inc
Volunteer/Employee Code of Conduct and Confidentiality

To be signed by all employees and volunteers working for the program

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, I will inform the Director/Supervisor 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 on a client without his/her written consent, or with the written consent of my supervisor.
6. I will immediately report to the Director/immediate supervisor 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, with any outside fraternization activities being authorized in writing by my supervisor.

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

1. Unsatisfactory job performance as defined by probationary and disciplinary procedures.
2. Conviction of a criminal offense while in employ.
3. Insubordination.
4. Excessive tardiness
5. Three unexcused absences within a year's time.
6. Failure to attend in-services and training sessions as required unless excused by the Director
7. Theft from my place of employment.
8. Falsifying of any application, time sheet, mileage sheet, or reimbursement forms.
9. Absence without approval will be considered an automatic resignation.
10. 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.

By signing this I indicate I understand and agree with the conditions of employment.

_____Signature of Employee/Volunteer

_____Date signed

