



## Volunteer Application

### PLEASE READ BEFORE COMPLETING THIS APPLICATION

Hope's Door New Beginning Center does not discriminate in the recruitment and placement of volunteers based on race, color, religion, national origin, sex, marital status, disability or age. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; however, its receipt does not imply that you will be utilized. Volunteer coordination necessitates that you meet all conditions required for the position for which you are applying.

### PLEASE COMPLETE FORM ENTIRELY

#### Personal Information

Last Name:

First Name:

MI:

Date of Birth:

Phone:

Email:

Residential Address:

City:

State:

Zip:

Have you received counseling or assistance from Hope's Door New Beginning Center?

Yes

No

If yes, when?

Who was/is your counselor?

#### Volunteering History and Availability

Have you volunteered at our agency before?

Yes

No

If yes, when did you volunteer?

What service did you provide?

Please indicate the times and days you are available to volunteer:

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Why are you seeking a volunteer position?

Personal fulfillment/extra time

Community service requirements

What was the offense? How many hours are required?

Do you have any other offenses on your record?

#### Occupation/Language

Employer:

Job Title:

Address:

City:

St:

Zip:

Does your employer offer a match/incentive for volunteering?

Yes

No

Do you know a foreign language(s)? Please list:

Read

Write

Speak

#### For Statistical Purposes

How did you learn about Hope's Door New Beginning Center?

#### Signature

*I hereby claim that the information contained on this form is correct to the best of my knowledge. If applicant is under the age of 18, parent must sign application.*

Applicant Signature:

Date:

Parent/Guardian (if applicant is under 18):

Date:

## **Specific Skills & Experience**

Please check all that apply.

Microsoft Office	Legal	Childcare	Marketing
Retail	Public Speaking	Social Media	
Professional	Organizing		

## **Organizational Needs**

Please indicate which program you are interested in and we will do our very best to match your availability with our needs. Hope's Door New Beginning Center reserves the right to place volunteers where the need is greatest.

### **Outreach Centers/Administrative Offices** (please select location preference below)

The Outreach Counseling Centers provides individual and group counseling, case management, and legal support to women, children, and men affected by intimate partner and family violence.

Plano Location

Garland Location

Volunteer opportunities include:

- Providing childcare in the playroom while the parent is in counseling
- Administrative support
- Sorting, organizing, and transporting donations
- Conducting follow-up phone calls to donors
- Assisting with the volunteer program and special events
- Special events

### **Shelters** (please select location preference below)

The shelters provide victims of domestic abuse a safe and confidential temporary housing.

Plano Location

Garland Location

Volunteer opportunities Include:

- Answering the 24-hour crisis hotline
- Providing childcare in the playroom while the parent is in counseling
- Running errands
- Sorting, organizing, and transporting donations
- Administrative support

### **Resale Stores** (please select location preference below)

Our Resale Stores sell gently-used adult and children's clothing, shoes, accessories, household items, and furniture. All proceeds directly benefit the clients, programs, and services of Hope's Door New Beginning Center.

Plano Location

Garland Location

Volunteer opportunities include:

- Assisting customers
- Getting clothes and items ready for display
- Cleaning and maintaining the store's appearance, sorting donations
- Organizing and transporting donations

## Agency/Volunteer Agreement

The intent of this agreement is to assure our volunteers the deep appreciation for your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

### Hope's Door New Beginning Center Agrees to:

Hope's Door New Beginning Center agrees to accept the services of (volunteer) at Hope's Door New Beginning Center facilities and commits to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To provide support, supervision, and any necessary evaluations to the volunteer.
3. To promptly discuss any problems, questions, or comments that may arise.
4. To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
5. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
6. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.
7. To inform volunteers of any changing policy that may affect their work area.

### Volunteer Agrees to:

I, (volunteer's name), agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements, and maintaining confidentiality regarding the location of the shelter and staff/agency/client information.
3. To meet my agreed upon time and duty commitments, or to provide 24-hour notice to supervisor or volunteer coordinator so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of the agency and to attempt at all times to be non-judgmental in dealing with others and to promote client self-determination.
5. To communicate with the volunteer coordinator any change in the status of my volunteer commitment.

### Signatures

**Volunteer Signature:**

**Date:**

**Staff Representative Signature:**

**Date:**

# Hope's Door New Beginning Center

## STATEMENT OF CONFIDENTIALITY

As an employee or volunteer of HDNBC, I will not disclose, divulge, or release client-identifying information without securing the client's legal consent. This shall include, but not be limited to the following:

- Discussing client identifying information with individuals not employed by or volunteering for the center.
- Discussing client identifying information with other clients.
- Discussing client identifying information with HDNBC staff or volunteers not directly involved in the client's care and treatment.
- Discussing specifics related to the client's care and treatment that a person of ordinary prudence would be able to identify by association.
- Discussing client identifying information or case specifics in unsecured areas (i.e., employee lounge, hallway, lobby, etc.)
- Discussing case specifics or sharing client identifying information with other agencies unless otherwise authorized by an official memorandum of understanding.

Client identifying information will not be visible in a public area (for example: calendars, computer screens, or printouts). Records will not be left exposed in public areas.

Computerized client identifying information will be treated with the same regard for confidentiality and/or access as written information.

I will not disclose the location of the shelter at any time without prior approval from the CEO/Executive Director.

By my signature, I do hereby acknowledge my understanding of the provisions listed on this document and am aware that failing to comply with these provisions may lead to disciplinary action, up to and including termination as an employee and/or volunteer. I am aware that I must continue to keep client identifying information confidential in perpetuity after I cease to volunteer and/or leave the employment of Hope's Door New Beginning Center.

Print Employee/Volunteer Name

Employee/Volunteer Signature

Date