

# VOLUNTEER APPLICATION

Advocates to End Domestic Violence  
Sexual Assault Response Advocates (SARA)  
Post Office Box 2529  
Carson City, Nevada 89702  
Office 775-883-7654 Fax 775-883-0364

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employment/Occupation \_\_\_\_\_

Do you have access to a car? \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

When are you available to volunteer? (Please give hours you are available for each day).

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

How did you hear about our program? \_\_\_\_\_

Have you ever been in an abusive relationship, sexually assaulted, or do you know someone who has been?

Please describe briefly:

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Please explain why you are interested in working with Advocates.

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Have you ever been convicted of a felony? If yes, please explain.

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Do you have children? If so, what are their ages. Do you have child care available in the event you are called?

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What is your educational/professional background?

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What special skills, abilities, experience, or training will you bring to Advocates?

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Do you speak any languages other than English? If yes, please explain.

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Have you done any other volunteer work before? If yes, please explain.

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**What volunteer activities would interest you? (Please check all that apply).**

- Domestic Violence Crisis Hotline (volunteer receives after-hour, D.V. calls)
- SARA Crisis Hotline (volunteer receives after-hour, SARA calls and will do accompaniments)
- Classy Seconds (volunteers help with sorting, displays, and pricing, etc)
- Childcare (volunteers care for children during support group)
- Taste of Downtown (volunteers help at the doors of restaurants for our biggest fund-raiser)
- Share your Christmas Food Drive (volunteers help collect, sort, and put away goods received)
- Court Advocacy (court accompaniment)
- Peer Counselor (volunteers meets 1 or 2 times a week with matched client)
- Women to Work Clothing Program (volunteers help collect business attire for women reentering the work force)

I agree to (please initial each item you are agreeing to):

\_\_\_\_\_ Commit to a minimum of three days per month as a volunteer.

\_\_\_\_\_ Commit to at least one year as a volunteer.

\_\_\_\_\_ Submit to a criminal background investigation.

Please list a least 2 non-relative personal or professional references and best time to contact them:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Best time to call \_\_\_\_\_

Best time to call \_\_\_\_\_

I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize inquiries to be made concerning my stability as a volunteer. Additionally, I agree to submit to a state and federal background check prior to commencing my volunteer service. The information requested in this application, such as may otherwise be obtained, will be used only for the purpose of determining suitability as a volunteer with Advocates. All information will be held in strict confidence. I understand this application, interview, and the training program is a screening process. The criteria used in the selection of volunteers is designed to insure that the individual is able to meet the responsibilities and emotional needs of both the volunteer and the clients served by Advocates. If unforeseen circumstances prevent me from fulfilling this one year commitment, I will notify the volunteer coordinator in writing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# ADVOCATES TO END DOMESTIC VIOLENCE

## STATEMENT OF CONFIDENTIALITY

Confidentiality means that all information about a client or received from a client remains with the receiver of that information who was either on the crisis line or had access to the client disclosures in an individual or group situation. Problems encountered in working with a client may be shared with staff members or if appropriate with trained volunteers in a confidential setting.

At Advocates, we are bound by Nevada Revised Statutes regarding both client confidentiality and mandatory disclosure. Mandatory disclosure has to do with those situations where confidentiality may be broken. The only instances where confidentiality may be broken without a client's written permission are: suspected or acknowledged child abuse, suspected or acknowledged elder abuse, or strong reason to believe that there is significant danger to yourself or someone else. There are occasionally situations in which we might be court ordered to release or testify to the contents of our records.

In the event of breaking confidentiality for any reason, it is necessary to consult first with the Executive Director.

As a participant of the program(s) of Advocates to End Domestic Violence, I agree to the following:

1. I will keep confidential all information disclosed to me by a client or the client's children, with the exception of probable or actual child or elder neglect or abuse, which I am bound by law to report to the proper authorities after first consulting with the Executive Director.
2. I will maintain confidentiality regarding counseling and will not divulge the content of counseling sessions, whether individual or group, sessions to anyone not connected with Advocates.
3. I will refrain from introducing a client who I meet in other than a counseling setting as being or having been an Advocates client nor will I identify her/him to other persons as a client or former client of Advocates.
4. I understand that confidentiality concerning clients or former clients has no time limit.
5. I also understand that if I intentionally violate one or more of these agreements, my commitment to the philosophy of Advocates will be questioned and I may be terminated as a member of the organization.

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Signature

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Date

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Executive Director

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Date

# ADVOCATES TO END DOMESTIC VIOLENCE CONFLICT OF INTEREST POLICY

## *Intent*

The intent of Advocates to End Domestic Violence Conflict of Interest Policy is to maintain the privacy of our clients. Advocates understands that staff members and volunteers will from time to time know clients or their families outside of the professional arena. It is important that we strive to provide advocacy and safety for all victims of domestic violence that seek our assistance. A key element of this is to maintain professionalism in all matters involving our clients. Whenever possible, Advocates staff or volunteers with a possible CONFLICT OF INTEREST should ask another staff member or volunteer to handle all contact and case management involving the client. The following procedures are intended to provide guidance in areas where Advocates staff members and volunteers have outside information about Advocates/S.A.R.A. clients.

## **Procedures for Handling Conflict of Interest**

### *Notification*

Advocates/S.A.R.A. staff and volunteers are required to notify the Director of Advocates to End Domestic Violence, when they become aware that there is a possible Conflict of Interest involved with the person seeking help from Advocates/S.A.R.A. This includes when the staff or volunteer is related to the victim or their abuser, or has outside knowledge of the person or others that might be involved in the events that brought the person to Advocates/S.A.R.A.

### *Crisis Calls*

When an Advocates staff member or volunteer becomes aware there is a Conflict of Interest involved with a crisis call, the person taking the call must immediately find another staff or volunteer to handle the call. The following steps should be followed:

1. Obtain the telephone number of the person calling and explain that another person will call them back shortly. The only exception to this would be if the caller is in immediate danger. The caller should then be instructed to call the police immediately.
2. Immediately make arrangements for another staff member or volunteer to handle the crisis call. When the call is after hours the answering service should be notified and requested to forward the call to the second hotline volunteer.

*I have read and agree to fully cooperate with the Advocates to End Domestic Violence CONFLICT OF INTEREST POLICY. I understand what the procedure is should I have a conflict of interest.*

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Signature

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Date

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Witness Signature

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Date