

HOPE HARBOR HOME



Lynn S. Carlson, Executive Director
hhresources@atmc.net

P.O. Box 230 • Supply, NC 28462 • (910) 754-5726 • Fax (910) 754-9049 www.hopeharborhome.org

DIRECT SERVICE VOLUNTEER APPLICATION

Name _____

Address _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Birth date _____ Marital Status _____

Languages you speak/write other than English _____

Do you have children? _____ Age(s) _____

Do you drive? _____ Do you have a car? _____

Have you had any driving citations in the past 5 years? _____

Explain _____

Education _____

Employment Status (working/retired, where, how long)

How much time can you contribute? _____

How did you hear about Hope Harbor Home? _____

Which of the following areas are you interested in volunteering in:

Children's Program _____ Transportation _____

Office/Phone Lines _____ Thrift Stores _____

Special Events _____ Speakers Bureau _____

Court Advocate _____ Fundraising _____

Translation _____ Other(please specify) _____

It is necessary for us to ask some personal questions. Your answers will be kept strictly confidential. Our purpose in asking these questions is to protect you and our clients, and to help us make choices which are in the best interests of the agency, our clients and our volunteers.

(1) Tell a little about your interest in the issue of domestic violence and why you want to volunteer on behalf of victims.

(2) What do you believe to be the cause(s) of domestic violence?

(3) Please explain your definition of the following terms in relation to your personal ethics:

- Confidential:
- Nonjudgmental:
- Professional boundaries / detachment:

(4) What are your personal feelings about domestic violence? Can a person be responsible for her/his own mistreatment?

(5) What skills do you have which you feel would benefit this agency's clients?

(6) How do you feel your religious/spiritual beliefs would affect your interaction with clients in our agency?

(7) Does your spouse, if applicable, support your participation in this program?

(8) Are there any circumstances or groups of people that you feel might be difficult for you to work with or be an effective advocate for?

If yes, please explain.

(9) Have you or someone close to you had an experience with domestic violence or sexual assault? Has this been resolved?

(10) What is the most stressful job you've ever had? What do you do to management your stress?

VOLUNTEER DECLARATION OF CONFIDENTIALITY

I, the undersigned volunteer applicant to Hope Harbor Home, Inc. do hereby declare that I understand the applicability of the Federal and State of North Carolina rules and regulations regarding client confidentiality. Records and information covered by the confidentiality regulations include the following:

1. Client identity information
2. Client status information
3. Physical whereabouts information

The term "client" refers to any victim of domestic violence and sexual assault and their children who interacts with Hope Harbor Home in any way, including, but not limited to, telephone, personal contact, or third-party inquiry or referral.

I promise the following: That I will not disclose the identity of any client or information concerning the client or the location of the shelter and that I will report any problems or concerns to a staff member of Hope Harbor Home, Inc. Furthermore, I understand that failure to comply with these guidelines will result in my dismissal as a volunteer of Hope Harbor Home, Inc.

Volunteer: _____

Staff: _____

Date: _____

Date: _____

RELEASE OF LIABILITY

I, _____ do hereby release and hold harmless, all Hope Harbor Home, staff, clients, Board and all Members from any responsibilities for my health and safety while I am performing volunteer services at Hope Harbor Home, Inc.

Volunteer: _____

Staff: _____

Date: _____

Date: _____

If volunteer is under 18 years of age Guardian must sign also.

Volunteer's Guardian _____

Date: _____