



DOMESTIC VIOLENCE
& SEXUAL ASSAULT

PROTECT. PREVENT. EMPOWER.

Welcome!

We would like to thank you for your interest in volunteering with Domestic Violence Program and Sexual Assault Services. Volunteers are vital to our program and to our clients. An act of domestic violence occurs every ten seconds in the United States causing emotional trauma, injury, and even death. Domestic and sexual violence are enormous social problems affecting one in four women, one in ten men, and countless numbers of children. With the help of volunteers, our program is more effectively able to meet the needs of our clients thus improving outcomes and preventing further violence in the community.

WE ARE COMMITTED TO ENDING VIOLENCE AND DISCRIMINATION IN THE LIVES OF VICTIMS SUFFERING THE PAIN, FEAR, AND SHAME OF DOMESTIC AND SEXUAL VIOLENCE. WE PROTECT VICTIMS, PREVENT VIOLENCE, AND EMPOWER SURVIVORS.

Please note that we cannot process your application unless you have all pieces of information required for your level of volunteering. For best results, turn in the following parts together:

- ✓ **Application**
- ✓ **Payment for nationwide background check (\$16.95)**
- ✓ **3 reference letters/forms**
- ✓ **Create a volunteer account at [HandsOnNashville.com](https://www.HandsOnNashville.com) – we list volunteer opportunities here – NOT a requirement**

It is our sincere hope you always feel appreciated by our staff, because you are! We also hope that your volunteer experience is a rewarding one. Please let the Volunteer Coordinator know if you have any questions, problems, or concerns about your role as a volunteer. No value can be placed on what you bring to our program. We can't do it without you!

With Sincere Thanks,

Kara M. Mischke
Volunteer & Community Development Coordinator
volunteer@dvpshelter.org

2106 East Main Street
Murfreesboro, TN 37130
Office: 615.896.7377

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Volunteer Application

Personal Information

Full Name: _____ Email: _____
 Address: _____ City: _____ ZIP: _____
 County: _____ Home Phone: (____)____-____ Cell Phone: (____)____-____
 Date of Birth: ____/____/____ Age: _____ Gender: _____ Race: _____ Hispanic _____
 Marital Status: _____ Spouse/Partner: _____

Person to Notify in Case of Emergency

Name	
Street Address	
City/ZIP Code	
Home/Cell Phone	

Education and Volunteer Experience

Highest Level Education Completed: _____ Student? _____
 School: _____ Major: _____
 GPA: _____ Volunteer/Internship Required? _____ How many hours? _____
 Date Hours to be Completed by: ____/____/____ Required by: _____
 Languages: _____
 Organizations: _____

Previous volunteer experience:	What?
	Where?
Interests and Strengths:	
Special Training, Certification:	
Who or what prompted you to volunteer with us?	

VOLUNTEER POSITION APPLYING FOR:

Background

Have you ever been convicted of, or plead no contest to, any felony or misdemeanor charges?

Yes No

If "Yes", Please explain where, when, and disposition:

(Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Payment Information for Nationwide Background Screening (\$16.95)

CARD TYPE (circle one): Visa / MasterCard / American Express / Discover

CARD NUMBER: _____

CREDIT CARD VERIFICATION NUMBER: _____ EXPIRATION DATE: ____ / ____

BILLING ADDRESS: *Street Address* _____

_____ *State* _____ *Zip Code* _____

Release Authorization for Background Investigation (T.C.A. 37-1-414)

I hereby acknowledge that as a condition of my volunteer application with the Domestic Violence Program, the Domestic Violence Program may conduct any or all of the following investigative measures in regard to my application:

- 1) Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application,
- 2) Require me to supply fingerprint samples and/or submit to a criminal history record check to be conducted by an approved Tennessee law enforcement agency,
- 3) Require me to attend a training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit to character, employment, education and reference checks,
- 4) My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip Code:
Social Security #:	Place of Birth:	Work Telephone:	
Driver License #	Date of Birth:		
Birth/Maiden Name:	Male:	Female:	Home Telephone:

VOLUNTEER AGREEMENT: *I will be committed to help reduce adverse affects that domestic violence and/or sexual assault has on its victims. As a volunteer however, I will not give advice, counseling, or pass judgment about clients and their cases. I will attend training sessions and volunteer meetings when they are scheduled and ask questions in order to be informed. I will work together with the staff to carry out the mission with the highest ethical standards. I understand that I am directly responsible to the volunteer coordinator and/or designated staff person. I will be consistent and punctual by being here on the days and times that are agreed to. I will let staff know if there must be a change in the schedule.*

As a representative of the Domestic Violence Program, I will act with integrity and thoughtfulness. As a volunteer, I will not represent the Domestic Violence Program either through written or oral communications without the expressed consent of the volunteer coordinator and/or designated staff person. I understand that I am not an employee of the Domestic Violence Program, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Domestic Violence Program for my assigned work duties. It is my responsibility to update any address, emergency or other changes. I will respect each client's right to confidentiality. In addition, I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, alter, or destroy any confidential information belonging to the Domestic Violence Program.

I certify that all information in this form is complete and accurate to the best of my knowledge. I authorize investigation of all statements contained in this form and understand that I may be required to provide verification of information contained in this form.

Understanding Your Internship as a Non-paid Placement

According to the Department of Labor (DOL), a person may be considered an intern or student "trainee" and not an employee entitled to minimum wage and overtime under the FLSA if all the following criteria are met:

1. The training the person receives is similar to that which would be given in a vocational school.
2. The training is for the benefit of the trainee or student.
3. The trainee or student does not displace regular employees, but works under their close supervision.
4. The employer that provides the training does not derive any immediate advantage fro the activities of the trainee or student, and on occasion its operations may be impeded.
5. The trainee or student is not necessarily entitled to a job at the conclusion of the training period or end of internship.
6. The employer and trainee pr student understand that the trainee or student is not entitled wages for the time spent in training and with the internship as a whole.

I have read and understand my internship as a non-paid placement.

I also commit _____ number of hours and/or _____ of months to the program

Signature: _____

Date: _____

CONFIDENTIALITY CONTRACT

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

I fully understand the need to strict confidentiality concerning all information received from or about clients of The Domestic Violence Program and Sexual Assault Services. This information includes the identity of clients, content of conversations with clients, professional opinions about clients, and materials from records of clients.

I agree to keep the location of the shelter confidential and understand by breaking this confidentiality agreement that I may endanger Domestic Violence Program clients, volunteers, interns, and staff. In the event that I sever this confidentiality contract, my position in the office will be terminated

As a member of this program, I will not discuss or reveal any information concerning clients to anyone outside the agency, without the client's understood permission, except in the unusual circumstances of imminent danger to a client or other persons, elderly abuse, and/or child abuse.

I fully agree to contact my supervisor or the on-call staff person anytime I have questions concerning confidentiality.

**Infractions to this contract come in two types:*

Type I-Intentional and Serious: This is when a volunteer knowingly and deliberately commits a breach of confidentiality. The commitment of Type I will result in a discussion of the infraction between the volunteer and the direct supervisor and a written reprimand entered into the volunteer's personal records, and could be considered grounds for dismissal.

Type II-Unintentional and Moderate: This is when by carelessness, forgetfulness, or poor judgment a volunteer places in jeopardy the confidential record or information regarding a client. The commitment of Type II will result in a discussion between the volunteer and the direct supervisor and noted in writing in the volunteer's personnel file. Repeated commitment of the Type II infraction could be considered grounds for dismissal.

Signature _____

Date: _____

**Volunteer Training Verification
Criminal Injuries Compensation & Title VI**

I have received training and adequate information regarding Criminal Injuries Compensation from a staff person of the Domestic Violence Program and Sexual Assault Services. This information is also provided in my Volunteer Handbook and/or Training Manual.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____

*Refer to your volunteer manual for information on criminal injuries compensation fund and Title VI

Retraining each year after, if still active volunteer:

Retraining Date: _____

Retraining Date: _____

Retraining Date: _____

Retraining Date: _____

Volunteer Reference Form

Volunteer Name:

Relationship to Volunteer:

Reference Name:

Email:

Telephone Numbers: Home:

Work:

1. In what capacity have you known the volunteer and for how long?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. What do you think maybe the applicant's greatest challenge in volunteering here?
5. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
6. On a scale of 1 to 5, 1 being poor & 5 being excellent, rate the applicant on the following:
 - # ___ Ability to work in a team
 - # ___ Ability to work independently
 - # ___ Use of conflict resolution skills
 - # ___ Ability to take direction
 - # ___ Flexibility
 - # ___ Sense of humor
 - # ___ Organizational skills
 - # ___ Communication skills
 - # ___ Multi tasking
7. Would you have this applicant volunteer with your organization or business?

Please return to: Kara Mischke, Volunteer & Community Development Coordinator
Volunteer@dvpshelter.org
2106 East Main Street
Murfreesboro, TN 37130

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Email:

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- # ___ Flexibility
- # ___ Sense of humor
- # ___ Organizational skills
- # ___ Communication skills
- # ___ Multi tasking

7. Would you have this applicant volunteer with your organization or business?

Please return to: Kara Mischke, Volunteer & Community Outreach Coordinator
Volunteer@dvpshelter.org
2106 East Main Street
Murfreesboro, TN 37130

Importance of volunteers

Volunteers at every level make our program's mission achievable. At any level, volunteers can move up by having positive evaluations from the Volunteer Coordinator and showing commitment to the organization and its clients. All volunteers make a difference and ultimately allow us to protect victims, prevent violence, and empower survivors in creating a better, safer community for us all.