



a refuge from domestic violence

P.O. Box 5005 Goodyear, AZ 85338 | (623) 932-4404 | www.newlifectr.org

## Volunteer Application

Date: \_\_\_\_\_ How were you connected to New Life Center? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_

### Skills and Interest:

1. Education: \_\_\_\_\_

2. Hobbies/Skills/Interest: \_\_\_\_\_

3. Are you multilingual? If yes, what language(s)? \_\_\_\_\_

### **Volunteer Opportunities: (Please check area(s) of interest or expertise)**

\_\_\_\_\_ Children's Program/Project

\_\_\_\_\_ Fundraising/Special Events

\_\_\_\_\_ Receptionist/Administrative Support

\_\_\_\_\_ Gardening/Landscaping

\_\_\_\_\_ Hope's Closet Thrift Store

\_\_\_\_\_ Intake Calls

\_\_\_\_\_ Translation Services

\_\_\_\_\_ Maintenance

\_\_\_\_\_ Fundraising/Special Events

\_\_\_\_\_ Cooking/Serving/Food deliveries

My areas of expertise: \_\_\_\_\_

\_\_\_\_\_



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### Day/Time/Availability:

- 1. Number of hours of commitment per month: \_\_\_\_\_
2. Weekends? Yes\_\_\_\_\_ No\_\_\_\_\_ Evenings? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Summer months? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Your Preference: Hours \_\_\_\_\_ Days \_\_\_\_\_
5. Do you have access to an automobile you can use for volunteer work? \_\_\_\_\_
6. Preference: On call: Yes\_\_\_\_\_ No\_\_\_\_\_ Scheduled: Yes\_\_\_\_\_ No\_\_\_\_\_

### Work/Volunteer History::

Please list your previous work and/or volunteer experiences: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

What did you find most rewarding about these experiences? \_\_\_\_\_

What did you find most challenging? \_\_\_\_\_

### Personal Background:

The questions listed below are part of our interview process in order to help provide a safe and secure environment for the families we serve, as well as our volunteers. All information is held strictly confidential by the New Life Center staff. Answering yes to any of the questions may not necessarily preclude your involvement. Thank you for understanding.

- 1. Have you ever received services from New Life Center? YES\_\_\_NO\_\_\_
2. Do you have any concerns regarding your ability to perform certain tasks? YES\_\_\_NO\_\_\_
3. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? YES\_\_\_NO\_\_\_
4. Do you have a valid drivers license? YES\_\_\_NO\_\_\_
5. Do you use, or have you used illegal drugs? YES\_\_\_NO\_\_\_



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## Personal Background Cont'd:

If you answered "yes" to any of the previous questions, please explain:

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## Other:

1. How did you hear about us? \_\_\_\_\_

2. What attracted you to our agency: \_\_\_\_\_

3. Have you received services from New Life Center? If yes, when? \_\_\_\_\_

4. What do you hope to gain from this experience? \_\_\_\_\_

## As a volunteer, I agree:

1. To treat every resident and employee of New Life Center with kindness and respect.
2. To Keep all information about the clients we serve confidential.
3. To uphold the guiding principles of New Life Center, maintain professionalism and follow all of polices and procedureds outlined in the volunteer handbook and/or volunteer job description.
4. To inform New Life Center when I will not be able to volunteer.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that the information on this application is true to the best of my knowledge. I understand that I will be required to undergo an orientation before I can volunteer and that additional training may be necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Permission to Perform Background Check

I hereby allow New Life Center, Inc. to perform a check of my background, including

- Criminal Record
- Driving Record
- Personal References

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for volunteering.

I understand that information collected during this background check will be limited to what is appropriate for particular types of volunteer work. All such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contracted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work such other information as they deem appropriate.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## TB Testing

I agree to successfully complete a TB Test prior to volunteering at New Life Center. Testing information will be made available after completion of the application and interview process. New Life Center provides this service free of charge to volunteers.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Central Registry Check;

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Alias (previously used names) \_\_\_\_\_

Social Security Number \_\_\_\_\_



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## Volunteer Confidentiality Contract::

I \_\_\_\_\_ agree to keep the location of New Life Center (NLC) and all direct contacts with clients, whether written, telephone, or face to face, strictly CONFIDENTIAL. This means that client information is not to be discussed with anyone outside of NLC. I agree to respect all NLC Policies and procedures as they pertain to me as a volunteer. The breach of this confidentiality contract will result in my immediate termination as a volunteer with NLC. The staff at NLC is responsible for informing me of changes to policies and guidelines that affect me as a volunteer.

*I understand and agree to maintain the confidentiality of any client information I may be exposed to.*

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

## Level One Fingerprint Clearance Card:

I agree to complete paperwork to obtain a Level One Fingerprint Clearance Card prior to volunteering at New Life Center. New Life Center provides this service free of charge to volunteers. Fingerprinting is available monthly and scheduled after completion of the application and interview process.

Signature: \_\_\_\_\_ Date : \_\_\_\_\_



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## **Fraternization / Dual Relationships:**

New Life Center’s mission is to provide quality, professional services to each and every family seeking services. Our relationships with our residents must remain professional at all times. Any kind of social relationship or relationship outside of the Center with current residents and former New Life Center residents is considered inappropriate and is against the ethical standards of New Life Center.

There are many different reasons why New Life Center staff and volunteers should not have relationships with clients beyond what is characterized professional. One reason for this is that many of our residents are vulnerable during and even after their stay at New Life Center. Therefore, offering any “help” or establishing a friendship, could be looked at as taking advantage of them and could lead to many problems. Not only should boundaries be set to protect the resident, but also to protect New Life Center staff members and New Life Center volunteers. A staff member/volunteer might be easily taken advantage of while trying to conduct a dual relationship.

Attached to this page is the New Life Center policy “Fraternization” (Policy 7.4) concerning relationships with clients. Please read this policy, and if you have any questions, please ask your direct supervisor or Human Resources for clarification.

At the bottom of this form, please sign stating you have read our policy concerning relationships with clients and that you fully understand its contents. This form will be placed in your personnel/volunteer file. Please keep the attached policy page to refer back to when needed. If you ever have questions as to whether or not something is appropriate, please talk to your direct supervisor before taking action.

Thank you!

**I HAVE READ AND FULLY UNDERSTAND NLC’S POLICY CONCERNING RELATIONSHIPS WITH CLIENTS. I WILL FOLLOW THE POLICY OUTLINED IN THE OPERATIONS MANUAL AND WILL LET MY DIRECT SUERVISOR OR HUMAN RESOURCES KNOW IF I HAVE ANY QUESTIONS ABOUT THIS POLICY.**

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Signature

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Date



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 <b>Interaction with Residents</b>	Policy No.: 7.4	Supersedes:
	Effective Date: 4/23/08	Cross Reference:
Title: Fraternalization		

**POLICY:**

New Life Center (NLC) prohibits staff from fraternizing with any of the people served by NLC programs. For the purpose of this policy, the terms “fraternizing” and “fraternization” refer to any contact outside of NLC.

1. Persons Currently Served

- a. If evidence of nonprofessional, non-work-related interaction between any staff member(s) and any person(s) served is reported or found, the Executive Director or designee will conduct an investigation of the charges to determine if a policy violation has occurred.
- b. If a violation is established, the staff member(s) will face disciplinary action and a report will be filed with appropriate authorities.

2. Persons Formerly Served

- a. Fraternalization by staff with persons formerly served by NLC must be in ways that are professional and ethical. The following guidelines should be used:
  - 1) The former resident must have received no services from NLC for at least one year from the time of initial contact with NLC employee.
  - 2) The former resident should not be involved in counseling or treatment indicating vulnerability.
  - 3) Staff will discuss possible relationships with the Executive Director prior to involvement so any concerns may be addressed as they arise.
- b. Any violation of this policy may lead to formal discipline up to and including termination.

3. There will be no knowing transfer of money or goods between staff members and persons currently or formerly served by NLC.