

Volunteer Application

Contact Information

Full Name	
Street Address	
Parish, ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Self Screen Eligibility Check List

Please review the following check list to determine eligibility:

- I am 18 years of age or older
 I have not utilized the Centre Against Abuse Shelter's programme within the past 12 months
 I have no history of child or adult abuse

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Event planning
 Hot line
 Volunteer coordination
 Dress for Success Second Hand Boutique
 Web page Design

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
Parish, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Personal Record

Have you ever been convicted of a crime, other than a minor traffic offense?
(Conviction of a crime will not necessarily disqualify you from volunteering with us. Lying about it will.)

No Yes, describe _____

Confidentiality Agreement

It is the policy of The Centre Against Abuse to hold confidential all observations and information made by and between or about our clients and programme participants. Also confidential are all conversations between coworkers, board members, and volunteers.

My signature below confirms my agreement to keep all information on the Centre Against Abuse, as well as all direct contacts with clients, whether written, telephone, or face to face, strictly CONFIDENTIAL.

Confidentiality is defined, as the assurance that unwarranted access to information regarding a client shall be protected from improper disclosure. I understand that any violation of this shall be considered a breach of faith. I understand that any violation of this policy is grounds for termination of my volunteer relationship with Centre Against Abuse.

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.

My signature below also provides my approval for Centre Against Abuse to conduct a Police Criminal Record Check on me.

Name (printed)	
Signature	
Date	