



GIVING VICTIMS A VOICE & FAMILIES A FUTURE

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www.thewomenscrisiscenter.org

FOR OFFICE USE ONLY

Date of Application: _____
 Interview Date: _____
 WCFOC Staff Supervisor: _____
 Comments: _____

Volunteer Group Application

Contact Name: _____ ****Contact SS#:** _____

Organization: _____

Address: _____

Contact Phone: _____ Contact E-Mail: _____

How did you learn about this organization? _____

Past group volunteer experiences: _____

What did your group enjoy most about the experience(s)? _____

Least? _____

What is your group looking to get out of this experience? _____

This service will be: _____ One-time _____ Regular, ongoing _____ Sporadic, ongoing

Service to assist: _____ Shelter _____ Admin Bldgs. _____ Donations/Collections _____ Other

Will the group have direct client contact? (Shelter, Legal Advocacy, Childcare) _____ Yes _____ No

Please describe what your group will be doing for the WCFOC: _____

**** Social Security number is required for CBI background check when direct client contact will occur.**

Requirements for Volunteer Group

In addition to completing this **Volunteer Group Application**, the following is also required of the group contact person:

- ◆ **Volunteer Interview**
- ◆ Read and sign **Agency Commitment Agreement**
- ◆ Submission of **Community Service Paperwork**, if applicable.
- ◆ Submission of **List of Group Members**: names, ages and phone numbers of all group participants in advance of service date. *See page 3 of Application.*
- ◆ Completion of the **Volunteer Handbook** (*recommended*)
- ◆ Attendance at a quarterly **Volunteer Orientation** (*recommended*)

Shelter volunteers please note that volunteer group members doing direct service client work must be at least 8 years old, and children up to 15 years old must be accompanied by an adult(s). Appropriate attire is required at all times (i.e. closed-toed shoes, no offensive t-shirts,). Other requirements as directed by the shelter staff.

Please complete the following:

I, _____ certify that the information provided on this application is true and accurate, and I authorize the **Women’s Crisis & Family Outreach Center** (WCFOC) to check my background and references. I hereby authorize the references I have listed to provide information to the WCFOC. I understand that the information from these references will remain confidential.

I hereby affirm that I have not committed or been convicted of a crime of child abuse - unlawful sexual behavior, or any felony (7.701.36 State of Colorado, Department of Social services, licensing regulations). I understand that if the FBI/CBI or Child Abuse Registry confirms such a record, I will be terminated from my position.

In adherence to the highest ethical standards, all members of this group of volunteers have been made aware of the WCFOC’s policy that current or past clients (within the past six months) can not participate in any volunteer activities with the WCFOC.

Signature

Date

Confidentiality Agreement

I, _____ understand that any and all information pertaining to the **Women’s Crisis & Family Outreach Center** is to be kept confidential. This includes the location of the Shelter facilities and any of it’s outreach sites. Names and identities of clients are not to be divulged under any circumstances. Information about anyone working at the Center is likewise to be kept confidential.

Signature

Date

Volunteer Group Participants

As a member of the volunteer group from: _____
(name of organization)

please legibly provide the following contact information. Your signature indicates that you have read and understand the Confidentiality Agreement at the bottom of the page.

Name	Age (if under 18)	Phone	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

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