



Illinois Valley Safe House Alliance¹

The Alliance...more than a safe place.

103 S. Kerby Ave, Cave Junction, Oregon 97523

Tel. (541) 592-4147 Fax (541) 592-2585

Volunteer1@frontiernet.net

Greetings!

Thank you for your interest in volunteering at the Alliance! There is much important work to be done and there are many ways that you can help. Because of the nature of the work we do at the Alliance, a thorough screening of all volunteers is required. Screening includes:

- A criminal background check
- Complete an application
- Sign Confidentiality, Termination, and Grievance Agreements
- Attend an Organizational orientation

We understand that this seems like a lot of effort to become a volunteer. However, it is necessary in order to make sure that the Alliance is able to deliver the highest quality service to our survivors and to best address the needs of our community. Whether you intend to assist survivors directly, or you would like to interact with the public through our outreach program, or simply want to help out where you are needed, all volunteer positions at the Alliance help us serve survivors of domestic violence and sexual assault. The more you learn about the programs and services offered by the Alliance the better prepared you will be to help us with this very important work.

Thank you for your commitment!

Christine Mallette
Executive Director
Illinois Valley Safe House Alliance

¹ *The Alliance logo is a message of hope brought to us by the innocence of youth. The picture was drawn by a young girl while her abused mother worked with a social worker in Cave Junction.*



Illinois Valley Safe House Alliance Volunteer Application

Application Date ____/____/____

Last Name: _____ First Name: _____ Middle: _____

Preferred Name: _____ E-mail: _____

Date of Birth: _____ Ethnicity (optional): _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different from home): _____

Home Phone (____) ____ - ____ Cell (____) ____ - ____ Office (____) ____ - ____

What is the best way to contact you? Email home phone cell phone other _____

Employer _____ Title/Position _____

Days and Hours you work: _____

Can you receive phone calls at work? Yes _____ No _____

Do you hold a degree(s) Yes _____ No _____ If so what? _____

Are you currently a student? No _____ Part-time _____ Full-time _____

If so, where do you go to school? _____ Major: _____

Will you be requesting credit for the hours worked as a volunteer? Yes _____ No _____

If yes, please attach details to this application

Are you are able to speak, read or write a language other than English? Yes _____ No _____

If yes, please list language(s). _____

Do you interpret sign language? Yes _____ No _____

Please list the name(s) of a person who should be notified in case of emergency.

Name: _____ Phone: _____

For Office Use Only:

Agreements Explained and Signed (Date _____)

_____ Application Complete

Volunteer Orientation Scheduled (Date _____)

_____ Background Check Complete

Volunteer Orientation Completed (Date _____)

_____ Added to Volunteer list

You will make a difference at IVSHA by committing your time and talents to stopping domestic violence, sexual assault, and child abuse. The following information will help us make the best use of your time.

Please indicate your interests (circle all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> In-office Advocate | <input type="checkbox"/> 24-hour Crisis Line | <input type="checkbox"/> Office Support Services |
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Board Member | <input type="checkbox"/> Community Garden/landscape |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> General Help | <input type="checkbox"/> Handy Help/Maintenance |

Other please specify: _____

Would you be willing to be trained for the volunteer interests you identified above? Yes____ No____

Would you be willing to make a 12 month volunteer commitment? Yes____ No____

What days are you available to volunteer? (select all that apply):

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What times of the day are best for you (select all that apply)? Morning Afternoon Evening

Approximately how many hours per month can you volunteer? _____

Do you have your own transportation? Yes____ No____

How would you like to be appreciated as a volunteer?

Please provide the following information (attach extra sheets if needed)

How did you hear about IVSHA (please check all that apply)?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> TV | <input type="checkbox"/> Brochure | <input type="checkbox"/> Community Event |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Presentation | <input type="checkbox"/> Other _____ |

List any skills, hobbies, special gifts, or interests that might be helpful in your volunteer work:

Why are you interested in volunteering at IVSHA? (choose as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Fulfill requirements (education, program, court) | <input type="checkbox"/> Gain work experience |
| <input type="checkbox"/> Learn new skills and put my skills to good use | <input type="checkbox"/> Grow as a person |
| <input type="checkbox"/> To help end domestic and sexual violence | <input type="checkbox"/> Meet people |
| <input type="checkbox"/> Other (please explain below): | <input type="checkbox"/> Take my mind off of things |

What personal goal(s) are you hoping to achieve by volunteering with us?

What character area(s) are you currently wrestling with in your life? How are you responding to this challenge?

Please list your current or previous work/volunteer experience:

Name of Company/Organization _____ Year(s) _____

Address _____ City _____ State _____

Primary Duties _____

Supervisor _____ Phone _____

Name of Company/Organization _____ Year(s) _____

Address _____ City _____ State _____

Primary Duties _____

Supervisor _____ Phone _____

Name of Company/Organization _____ Year(s) _____

Address _____ City _____ State _____

Primary Duties _____

Supervisor _____ Phone _____

Please provide three personal references, other than spouse or family:

Name Address City/Zip Phone Relationship

1. _____

2. _____

3. _____

Board members, staff, and volunteers are required to have a criminal background check. Do you have any problems with this? Yes____ No____

Is there something in your background that you would like to further explain?

Have you ever been convicted of any offense against the law? (You may omit minor traffic violations.)
Yes____ No____ If yes, please explain (Answering yes to this question will not automatically disqualify you from a volunteer position).

Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing or molesting any children? Yes____ No____ If yes, please explain in detail, providing date and place of incident. (Answering yes to this question will not automatically disqualify you from a volunteer position).

Has your driver's license ever been suspended or revoked in any state? Yes____ No____
(Answering yes to this question will not automatically disqualify you from a volunteer position).

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I authorize the Illinois Valley Safe House Alliance to verify all data given in my application and my oral interview from the personal references listed in this application. I have carefully read and do understand the above statements.

I HAVE READ AND UNDERSTAND THE STATEMENT ABOVE AND THE VOLUNTEER POLICIES AND PROCEDURES AND AGREE TO A CRIMINAL BACKGROUND CHECK AND TO COMPLY WITH THE STATED REQUIREMENTS AND EXPECTATIONS.

Signature of Applicant

Date

Signature of Volunteer Coordinator

Date

Please return all application materials to the Alliance
offices or e-mail directly to volunteer1@frontiernet.net

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes **Illinois Valley Safe House Alliance** and **Criminal Information Services, Inc.** to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____ Male _____ Female _____
Current Address: _____
Other Names Used: _____ (Maiden, alias', legal name change, etc.)
DOB: _____ DL#: _____ State: _____
Previous Addresses in past 7 years: _____ _____ _____
Have you ever been convicted of any crime? Yes _____ No _____
If "Yes," explain: _____ _____

Applicant's signature: I have reviewed and completed this form as applicable to me. I give IVSHA permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____

Signature of witness: _____

Date: _____

Fax to 503.642.7730