

THE SAFE PROJECT

Volunteer Enrollment Form

A background check is required. Letters of reference are encouraged.
All personal information is kept strictly confidential.

The SAFE Project welcomes ALL volunteers regardless of gender identity, sexual orientation, race, background, education, or experience! We look forward to working with you!

Date: _____

Name: _____

Date of Birth: _____

Email: _____

May we contact you via Email? **YES or NO**

Home Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Contact Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

I. Skills and Interests

1. Education Background: _____

2. Current Occupation: _____

3. Known Languages: _____

4. Hobbies, skills, interests: _____

5. Previous Volunteer Experience: _____

II. Preferences in Volunteering

Working one-on-one with a client

No preference

Working directly with a staff person as an assistant

Public speaking

Office assistant/administrative duties

Other: _____

Research, training, and/or fundraising

III. Availability (please fill in table below)

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

I am able to start on this date: _____

I am unavailable at the following times: _____

Other pertinent information: _____

Mission Statement:

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IV. Do you have your own transportation? YES or NO

V. Background verification

1. **A background check is required, please complete the attached form.**
2. Have you ever been convicted of a criminal offense? **YES or NO**
3. Have you ever been charged with neglect, abuse, or assault? **YES or NO**
4. Has your driver's license ever been suspended or revoked? **YES or NO**
5. Do you use illegal drugs? **YES or NO**
6. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? **YES or NO**

If yes, please explain: _____

VI. Personal References

Please list three personal references and their phone numbers, also attach a reference letter from each person listed if available (highly encouraged).

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

VII. Employment Experiences

Please list two work experiences and their phone numbers. We will contact them as a reference.

1. Business: _____ Contact Person: _____ Phone: _____
2. Business: _____ Contact Person: _____ Phone: _____

How did you hear about our organization? _____

What prompts you to want to volunteer at this time? _____

What interested you in working with our agency? _____

What does feminism mean to you? _____

What does anti-oppression mean to you? _____

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Volunteer Teams

*In what capacity are you interested in volunteering?
Please check all that apply.*

- Crisis Line Team**
Volunteers serve to answer calls from clients on our 24-Hour Crisis Hotline. Calls can be from victims of domestic violence, sexual assault, stalking, and/or human trafficking. Calls may also be from community members simply seeking information. Having volunteers take shifts on the Crisis Line allows our agency to serve clients 24 hours a day, 7 days a week and provides critical relief for staff who participate on the Crisis Line and Crisis Response Team on a weekly rotation basis. This team requires ongoing training and supervision by the Volunteer Coordinator as well as other staff members.
- Crisis Response Team**
Similar to the Crisis Line Team, the Crisis Response Team involves answering calls from clients on our 24-Hour Crisis Hotline but can also include responding to emergency situations when contacted by our local hospitals and Law Enforcement, and sometimes even clients themselves. Volunteers and Staff are never asked to enter a dangerous situation and safety is of the utmost importance and always remains a first priority. This team requires ongoing training and supervision by the Volunteer Coordinator as well as other staff members.
- Outreach Office Advocacy Support Team**
Volunteers provide support for office staff with direct services and advocacy to outreach office clients. Volunteers will offer support, advocacy, referrals, and information about community resources to clients whom are victims of domestic violence, sexual assault, stalking, and/or human trafficking. Clients can sometimes include homeless individuals as well as members of the community looking for more information about local resources. This team requires ongoing training and supervision by the Volunteer Coordinator as well as other staff members.
- Shelter Support Team**
Volunteers provide shelter services for residents such as attending meetings as an advocate, errands, support regarding shelter living, and transportation. Volunteers can also help with food deliveries, inventory and the intake process. Volunteers are also always needed for minor repair work at the shelter. Volunteers can also work with parents and their children; reading, going to the park, crafts, school work, etc. This team requires ongoing training and supervision by the Volunteer Coordinator as well as other staff members.
- Transportation Team**
Volunteers provide transportation to appointments and errands for clients. Your own vehicle will be used and we ask that you maintain insurance on the vehicle used. This team requires ongoing training and supervision by the Volunteer Coordinator as well as other staff members.
- Outreach Office/Administration Team**
Volunteers can assist outreach office staff in daily activities as needed.
- Fundraising/Event Planning Team**
Volunteers can help plan fundraising events from inception to completion. This is an exciting opportunity to make connections in the community with local business owners to get donations, plan events from start to finish and help raise much needed funds for the agency. There are many events and activities which take place each year, choose what works best for you.

Questions? Please call Cellila Martinez, Volunteer Coordinator, at 541-888-1048.

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Confidentiality and Release of Information Policy

Confidentiality is important for the safety and security of our clients. Every employee, volunteer, and contracted worker shall exercise the utmost discretion concerning all matters of official business. All information obtained in the performance of official duties---whether about clients, staff, Board members, or volunteers, is confidential, including information gained because of conversations, conferences, observations, staff meetings, or written documentation. No employee, volunteer, or contracted worker shall communicate to any person any information that has not been made public except in the course of their agency duties or provide media interview without the Executive Director's prior approval. Client files are the property of this agency and will not be removed from either shelter or the Outreach Office without prior approval from the Executive Director.

Each new employee, volunteer, or contracted worker shall sign a confidentiality statement upon hire. The Executive Director will also sign acknowledging the signed form. This form is placed in the employee's, volunteers', or contract workers personnel file. The Board Chair acknowledges the Executive Director's signed confidentiality statement.

This agency prohibits the sharing of personally identifying information about victims without informed, written, reasonably time-limited consent. This organization does not ask survivors to share personally identifying information as a condition of service. Additionally, this organization cannot share personally identifying information to comply with Federal, Tribal, or State reporting, evaluation, or data collection requirements.

These provisions allow survivors to request that their personal confidential information be shared by a victim service provider for a specific purpose through a time-limited, informed, and written release. The release of information (specific and time-limited) is for services requested by the survivor and they must be fully informed of all possible consequences of disclosure, as well as alternative ways to obtain the service they are requesting.

This organization limits sharing when mandated by state law or a valid court order and in either circumstance must protect the survivor's information as much as possible. Because permissive child abuse reporting is not a mandate, it is not allowed. Women's Safety & Resource Center may not disclose, reveal, or release any personally identifying information regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected. Women's Safety & Resource Center is prohibited from disclosing personally identifying victim information to any third party or third-party database, including a homeless management information system (HMIS).

Please sign below, acknowledging that you have read and understood this release policy and are signing it under your own free will:

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

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Agency & Volunteer Agreement

This agreement is intended to indicate the seriousness which with we treat our volunteers. The intent of this agreement is to assure the volunteer of our deep appreciation for their services and to indicate our commitment to do the very best we can to make their volunteer experience here a productive and rewarding one.

I. Agency:

We, the Women's Safety & Resource Center, agree to accept the services of _____ (volunteer) beginning _____ (date) and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their positions.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on their performance.
3. To respect the skills, dignity, and individual needs of the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
4. To treat the volunteer as an equal partner with agency staff, jointly responsible for accomplishment of the agency mission.

II. Volunteer:

I, _____ (volunteer), agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including recordkeeping requirements and confidentiality of the agency, staff, and client information.
3. To meet my time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of the agency.

III. Agreed To:

Volunteer Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

Executive Director: _____ Date: _____

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REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION
ORS 181A.230 AND ORS 181A.245 (OPEN RECORD)

INSTRUCTIONS: Please complete this form (or substantial copy) when requesting criminal history information on another person. Mail request with \$10.00 check or money order payable to the:

OREGON STATE POLICE

BILLING CUSTOMERS

Criminal Justice Information Services Division
Attn: Open Records
3565 Trelstad Ave. SE
Salem, Oregon 97317

DIRECT PAYMENT CUSTOMERS

Oregon State Police
Unit 11
P.O. Box 4395
Portland, Oregon 97208-4395

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. In the event a reportable record is found, subject will be advised of inquiry.

SUBJECT INFORMATION: All information is **REQUIRED**. Failure to supply complete information may effect results of inquiry.

Please **TYPE** or **PRINT CLEARLY**

(FOR OSP USE ONLY)

Name: _____
Last First Middle Name

Alias/Maiden: _____

Date of Birth: _____ - _____ - _____ Soc Sec # _____ - _____ - _____
If unknown, approx age _____ (if known)

Current or Last Known Address: _____
Street or PO Box

City State Zip

REQUESTOR INFORMATION:

**If information is sought for employment purposes, please check one:*

Applicant has been advised of this request: **In Person** **By Phone or Letter**

Check or money order enclosed (**\$10 per request**, please submit one check for multiple requests)

Please bill my account **1064**

REQUESTOR'S NAME & RETURN ADDRESS
(Please PRINT or TYPE)

Women's Safety & Resource Center
1681 Newmark Avenue
Coos Bay, OR 97420

Phone #(541) 888-1048
Email: respy@stopabusecoos.org

Note: Established billing account customers may FAX their requests to (503) 378-2121

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