



Working Against Violence, Inc.
VOLUNTEER APPLICATION

FULL NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: (HOME) _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

BIRTHDAY (Optional): Month _____ Day _____ Year _____

Preferred Method of Contact: Cell Phone Text Home Phone E-Mail

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

Do you have any medical conditions that we should be aware of in case of emergency or that would affect your placement? Yes No If yes, please explain: _____

HIGHEST LEVEL OF COMPLETED EDUCATION: GED - 7 - 8 - 9 - 10 - 11 - 12 - College - Grad

Are you currently a student: Yes No Where? _____

OPPORTUNITIES: PLEASE CHECK ALL THAT APPLY:

_____ Child Care _____ Building / Grounds
_____ Administrative Assistance _____ Fundraising / Special Events

References:		
Please list two personal references and one professional reference. Include complete address and phone number(s) to where they can be reached.		
Name	Address	Phone
1)		
2)		
3)		

I authorize Working Against Violence, Inc. (WAVI) to obtain references from my application.

Volunteer History			
Name of Organization	From: Mo/Yr	To: Mo/Yr	Position/Description of Role

Employment Experience (optional)			
Name of Organization	From: Mo/Yr	To: Mo/Yr	Position/Description of Role

Availability (Please check all that apply or indicate specific times)							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours are you available? ____ hours per week ____ hours per month

Due to the nature of our program and close interaction with clients, the following questions are necessary:

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Have you ever received a traffic citation/violation, other than a parking ticket? Yes No

If yes, please explain: _____

Additional Information: Do you have a car available? Yes No

Car Insurance? Yes No

Current SD Driver's License? Yes No If yes, #: _____

Are you volunteering to fulfill a community service requirement? Yes No

If yes, please list name of person/institution requiring service and number of hours required:

Are you interested in learning about additional ways to contribute to the Working Against Violence, Inc. (WAVI) mission? Yes No

If yes, please check all that apply.

- Becoming a donor Helping to recruit volunteers
 Inviting WAVI to speak at a company, church, organization, or other group of which I am a member

Publicity Release

I DO DO NOT consent to and authorize any and all photographs and any other audio/visual materials take of me for the promotional material, news release or any other use for the benefit of the organization.

Volunteer Insurance Statement (for use if Volunteer drives a car)

I, _____, understand that if I use my personal automobile in my volunteer service I will arrange to keep in effect automobile liability insurance.

My policy is with: _____ Policy # _____
(insurance company name)

Driver's License #: _____ Exp. Date: _____

Signatures and Authorizations

Please read the following carefully before signing this application:

- I understand that this is an application for and not a commitment or promise of volunteer opportunity, nor am I obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, religion, gender, ethnic origin, disability, age, or sexual orientation.
- I understand that all volunteers represent WAVI and are subject to the rules and regulations of the organization.
- I certify that I have and will provide information throughout the selection process, including on this application for volunteer position and in interviews with WAVI that is true, correct and complete to the best of my knowledge. I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.
- I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with WAVI or my termination as a volunteer.
- This application and any other documents obtained during the application process will remain confidential in the Community Outreach Director's Office.

Signature of Volunteer Applicant: _____



Working Against Violence, Inc.

WAIVER TO PERMIT BACKGROUND CHECK

This form is only for those 18 and older. If you are under 18 please have parent or guardian signature on bottom.

Last Name	First Name	Middle Name
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Other Name(s) - including nicknames that you have used or been known by

Current Address	City	State	Zip
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Previous Address	City	State	Zip
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List all States in which you have previously lived

Primary Phone	Driver's License Number
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Date of Birth	Social Security Number
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I, _____, hereby authorize WAVI to conduct a background check into my complete history, including my former employment and education records, together with any and all information concerning my ability, personal character, credit and where applicable, arrest record.

I hereby release any law enforcement agency, education institution, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation.

Signature of Applicant	Date
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If under 18 years of age, Signature of Parent or Guardian:

CONFIDENTIALITY AGREEMENT

By signing this agreement, I understand and agree that:

All information regarding the shelter residents, their families and situations, the crisis line callers, and any WAVI clients will be discussed with no one other than WAVI employees, volunteers, advocates, or board members, and then, only on a need to know basis.

I understand confidentiality means that I cannot discuss any matter pertaining to any shelter residents or crisis line callers outside the WAVI structure/function, except as allowed by law or with a release from the client.

I understand further that the legal requirements of confidentiality means that I cannot discuss any matter pertaining to WAVI cases with any member of my family, my friends or colleagues or with any person unless they are allowed access to such information by law.

I further understand that any confidential material in my possession during the course of volunteering will be safeguarded and kept in a secure place.

ACKNOWLEDGMENT:

I understand and acknowledge that serious ramifications could result if I break these rules, including removal from my role/position within WAVI.

I acknowledge that I have signed this agreement and that it will remain on file at the WAVI shelter office.

Signature _____

Date _____

Parent signature if under 18 _____

Date _____

Witness/WAVI Rep _____

Date _____

RELEASE OF LIABILITY

I have been informed and understand that Working Against Violence Inc., 527 Quincy St, Rapid City, SD, as well as all personnel connected with the above mentioned program will incur no liability for any property loss, personal injury, or other damage sustained prior to or while volunteering at the WAVI shelter, administration office, or while administering any other services offered by WAVI at any location.

I have fully read the above disclaimers and understand what such releases entail. No one has made any promises, nor any threats, in an attempt to convince me to sign this release and waiver.

Furthermore, I have been informed and agree that no liability shall be incurred by WAVI solely because of my association with it, as I am volunteering as a result of my own decision and free will and not due to duress of influence by any person associated with the shelter.

Signature _____

Date _____

Parent signature if under 18 _____

Date _____

Witness/WAVI Rep _____

Date _____

Please return completed application to: Working Against Violence, Inc
527 Quincy St., Rapid City, SD 57701
Please call 605-341-3292 with any questions or visit our website at www.wavi.org