

**(903) 893-3909 Office (903) 893-5615 Hotline (24 hrs)**

**Volunteer Application**

**We are dedicated to ending the cycle of domestic violence and sexual assault through direct client services and community outreach. Your contribution is very important to us. Thank you for considering how you can help!**

**All persons are entitled to equal opportunity and Grayson Crisis Center does not discriminate against its volunteers because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, disability, veteran status, genetic information or any other basis prohibited by federal, state or local law.**

**\*Individuals who are currently receiving services from the Crisis Center are not eligible applicants\***

**Due to both the mission of the Crisis Center and our funding sources, a background check will be performed. If you have been convicted of family violence, assault, or theft, you are not an eligible applicant.**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Personal Information (Please print clearly)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ May we send a text? Yes\_\_\_\_ No\_\_\_\_

***\*A valid driver license or state issued ID is required for identification purposes\****

Email Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** How did you hear about us? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Why do you want to volunteer here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical limitations to consider in your volunteer assignment?    **Yes \_\_\_\_   No \_\_\_\_**

If yes, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are seeking community service hours please answer the following:**

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Needed: \_\_\_\_\_\_\_\_\_\_

Probation Officer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Phone Number and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this volunteer experience a class requirement for high school/college/graduate school? **Yes \_\_\_\_ No \_\_\_\_  
If yes, number of hours needed: \_\_\_\_\_\_\_ Volunteer is responsible for reporting all information to school**

**Employment History**

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your employer offer volunteering incentive? \_\_\_\_

**Volunteer History**

Have you volunteered with Grayson Crisis Center in the past? Yes\_\_\_ No\_\_\_

If yes, please list when and what duties you performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other volunteer experience? Yes/No

If yes, please provide the organization name, location, dates of service, and responsibilities:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References - A letter of recommendation may be used as a substitute**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

We ask for a committed regularly scheduled time, knowing this may change because of unforeseen circumstances. Please mark the times you can commit to a regular time:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

Describe any specialized skills, hobbies, or interests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand to be eligible to volunteer at Grayson Crisis Center, I must have a valid form of government issued ID to verify my identity. I further understand I must not have received services in the past 12 months from Grayson Crisis Center. I further understand I am not eligible to volunteer if I have ever been convicted of a crime of family violence, assault or theft.**

**I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I agree to have any of the statements checked including a background check, as well as contacting listed references by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate removal from the Volunteer Program, even if discovered at a later date.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency/Volunteer Agreement**

This agreement is to communicate to volunteers how valued and appreciate the donation of time and energy are to the entire agency. We hope to ensure a meaningful volunteer experience, and recognize this begins with a clear understanding of roles and expectations.

**Grayson Crisis Center commits to the following:**

1. To provide information, training and assistance for the volunteer to meet the responsibilities of their assignments.
2. To provide support, supervision and necessary evaluations to the volunteer.
3. To promptly discuss any problems, questions or comments which may arise from staff or volunteers.
4. To respect the skills, dignity and individual needs of the volunteer. We will do our best to adjust to these individual requirements as we are able.
5. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
6. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.
7. To inform volunteers of any changing policy which may affect scheduled work.

**The volunteer commits to the following:**

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record keeping of my time and maintaining confidentiality of client information.
3. To meet my agreed upon time and duty commitments, or to provide 24-hour notice to the volunteer coordinator so alternative arrangements can be made.
4. To act as a member of the team at all times, understanding the responsibility of upholding the mission and supporting a non-judgmental environment.
5. To communicate with the volunteer coordinator any changes in the status of my volunteer commitment or the requirements of the agency

**Volunteer Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**