Volunteer & Internship Application

ACCESS is a harbor for all whom have experienced domestic and sexual violence, providing a safe environment for empowerment and exploration of personal strengths. ACCESS advocates for social change, partnering with other agencies to deliver education and professional training to end domestic and sexual violence.

“How wonderful it is that nobody need wait a single moment before starting to improve the world.”

Anne Frank, writer
Application for Volunteer Service

Personal Information:

Name ________________________________ Last First Middle

Address____________________________________ Street City State Zip

Preferred Phone Number________________ E-mail________________________________________

Are you 18 years of age or older? □ Yes □ No Date of Birth__________________________

Current Status:

_____ High School Student School: ______________________________

_____ College/University Student Major/Minor: ______________________________

_____ Community Resident

_____ Community Group Organization Name:___________________________

_____ Other

How did you hear about ACCESS volunteer opportunities? _____________________________

Prior Experience:

What Certifications do you hold?____________________________________________________

Volunteer/Community Involvement

Organization Role/Responsibilities Length of Time

Employment Information

Employer Role/Responsibilities Length of Time

Additional information that would make you a good candidate with our agency____________

_________________________________________________________
Volunteer Opportunities

Job Descriptions:
Please check the area(s) you are interested in becoming involved with:

*Require Training 32-hour DV/SA (Trainings are held January, May, & September)

- **Volunteer Advocates/Crisis Counselors** - Provide support to survivors of Domestic Violence & Sexual Assault. Advocates are accountable for answering the crisis line and working with in-shelter clients. Candidates will express empathy skills.

- **Youth and Family Program Volunteers** - Assist Child & Youth Advocates in programming related to children’s group and community awareness. Advocate for children during activities.

- **Outreach Advocates (Greene/Boone County)** — This is an opportunity to explore the court system, advocate for clients, work with law enforcement, and be a part of the coalition by working in the community including: youth & education programs.

- **Internship** - Gain experience working directly in the field of Human Sciences. The most appropriate majors include; HD FS, Psychology, Criminal Justice, Women’s Studies, and Sociology. All are welcome!

No Training Requirements

- **Facilities** — This includes shelter upkeep, outdoor landscaping, cleaning, restocking supplies, and helping with non-labor intensive maintenance (painting).

- **Donations Coordinator** - Sort donations.

- **Supply Drive** - Organize a community drive based on agency needs.

- **Promotional Awareness** - Distribute flyers for training, awareness events, and support groups.

- ** Adopt-A-Room Program** - Refresh a client space around the shelter. This volunteer program requires financial commitment and a flexible schedule.

ACCESS reserves the right to suspend or terminate a volunteer if the person’s beliefs or actions aren’t aligned with our mission statement and/or philosophy.

By signing I __________________acknowledge my understanding of the above statement and expectations for volunteer services_____________________________________________________

______________________________________________________
Signature                                      Date
Questions

1) Why do you want to become a volunteer with ACCESS?

2) Discuss strengths and/or skills that you would use as a volunteer.

3) What are your expectations as a volunteer at ACCESS? How will volunteering with ACCESS benefit you?

4) What experience do you have relevant to providing crisis services?

References

Please list the names of three people, not related to you, whom you have known at least one year. I give permission for ACCESS to contact the following references.

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Confidentiality Agreement

I ______________________ understand that the Assault Care Center Extending Shelter and Support insists that its trainees/volunteers adhere to a strict code of confidentiality. As a trainee/volunteer, I understand that any stories I hear about victims/survivors of sexual assault or domestic abuse are confidential. I will not discuss these stories with anyone other than ACCESS staff or other trainees/volunteers.

I am aware that other ACCESS staff or other trainees/volunteers may share personal experiences during training or during my time with ACCESS. I may also be given confidential information by those presenting in this training and during my time with ACCESS, and I realize this information must also be kept confidential.

I am also aware that this confidentiality agreement pertains to the location of the shelter. I agree to adhere to this confidentiality agreement. Further, I understand that failure to do so may result in being asked to leave training or discontinue any contact with ACCESS as a volunteer advocate, and forfeit my status as a certified advocate. I have read and understand the above statement, and I will abide by it.

Signature
Please Print
Date

Authorization to Conduct Criminal Background Check

As an applicant to work as a volunteer for ACCESS, I hereby authorize ACCESS staff and/or area law enforcement to conduct a background investigation to determine my qualification to participate as a volunteer in this program. I understand that the background investigation I am authorizing will be conducted solely for the purpose of protecting and preventing any harm to anyone who may require the services of ACCESS and all information obtained in this check will be treated as confidential. ACCESS staff and Board of Directors will have access to this as needed.

Applicant: _____________________________________________ Date of Birth: ________________
Address: ___________________________ Street _______________ City _______________ State _______________ Zip Code
Phone: ___________________________ (home) ___________________________ (work/cell)

By signing this application, I acknowledge that the above information is correct, complete, and grant permission for this record check.

Authorization Signature: ___________________________ Date: ________________

Contact Information:

ACCESS (Assault Care Center Extending Shelter & Support)
P.O. Box 1429
Ames, IA 50014

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515.292.0505 FAX
Assaultcarecenter.org
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