



A Domestic Violence Shelter for Women & Children

# Volunteer Application

*Thank you for your interest in helping Emmaus House, San Benito County's only Domestic Violence Shelter—Volunteers are vital to our mission!!!*

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month/Day/Year

Present Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

May we contact you at work? YES / NO If YES, Work Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a vehicle, valid driver's license and insurance? YES / NO

Can you commit to a six (6) month minimum volunteer term? YES / NO

List languages that you speak other than English: \_\_\_\_\_

List languages that you read/write other than English: \_\_\_\_\_

Have you ever been convicted of a criminal offense? YES / NO

If YES, for what? \_\_\_\_\_

**Please check the areas where you would most like to contribute your volunteer time.** (Note: All areas are supervised by Emmaus House Staff)

- |  |  |
|--|--|
| <input type="checkbox"/> On-Call Child Supervisor              | <input type="checkbox"/> After School Club Facilitator |
| <input type="checkbox"/> Storyteller/Reading Group Facilitator | <input type="checkbox"/> Individual Tutor              |
| <input type="checkbox"/> Youth Special Activities Coordinator  | <input type="checkbox"/> Kids Club Facilitator         |
| <input type="checkbox"/> Children's Birthday Party Planner     | <input type="checkbox"/> Youth Volunteer Coordinator   |
| <input type="checkbox"/> Legal Advocate                        | <input type="checkbox"/> Office Assistant/Support Crew |
| <input type="checkbox"/> Newsletter                            | <input type="checkbox"/> Domestic Violence Researcher  |
| <input type="checkbox"/> On-call Ride Share                    | <input type="checkbox"/> Adult Mentor                  |
| <input type="checkbox"/> Computer and Language Teacher         | <input type="checkbox"/> Other _____                   |



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What days are you available to volunteer with Emmaus House? (Check all that apply):

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

How long have you lived in Hollister or the area? \_\_\_\_\_

What is your Occupation? \_\_\_\_\_

Who is your present Employer? \_\_\_\_\_

Where did you hear about Emmaus House and our Volunteer Program?

WEBSITE	ADVERTISEMENT	NEWSPAPER
SPECIAL EVENT	OTHER VOLUNTEERS	PHONE BOOK
OTHER (please explain) _____		

Why are you interested in volunteering at/for Emmaus House?

\_\_\_\_\_  
\_\_\_\_\_

What skills, training, hobbies, or expertise do you have to share?

\_\_\_\_\_  
\_\_\_\_\_

What have you read/or do you know about domestic violence?

\_\_\_\_\_  
\_\_\_\_\_

What would you like to gain from your experience as a volunteer for Emmaus House?

\_\_\_\_\_  
\_\_\_\_\_

Please describe an experience where you have recently helped someone in need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you volunteered for any other volunteer agency before? YES / NO

If YES, for what agencies and when?

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Do you have any medical problems that may limit your volunteer activities? YES / NO

If YES, please explain: \_\_\_\_\_

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Is there any other information you would like to share with us at Emmaus House that may affect your ability to contribute to the mission of Emmaus House?

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**REFERENCES:**

Do we have permission to contact your references? YES / NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please provide names, complete mailing addresses, telephone numbers, and email addresses (if applicable) for three references. Each person will be mailed a confidential request for reference form, which they will need to return to Emmaus House for the Volunteer Coordinator to review.

**1. Present Employer or Supervisor:**

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Friend/Co-Worker**

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. Other (non-relative)**

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

I, \_\_\_\_\_, affirm that all information provided is truthful and understand that any misrepresentations will be grounds for immediate dismissal.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



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***Thank you for taking the time to fill out this application form.***

## **VOLUNTEER PLEDGE**

I hereby authorize the staff of Emmaus House to make such investigations as they deem appropriate, regarding background, personal, and otherwise, and to determine the accuracy of the information furnished herein this application, and release any agency or organization from liability for cooperating with Emmaus House by releasing requested information and or opinions.

As a volunteer for Emmaus House, I, \_\_\_\_\_, agree to:

1. Attend the full training program.
2. Not maintain private contact with clients.
3. Keep strict confidentiality of information relating to clients, staff, other volunteers, and agency information.
4. Discuss any concerns I have regarding programs, other volunteers, or staff with the Volunteer Coordinator. If the matter is not resolved, I will put the issue in writing and submit to the Volunteer Coordinator and also forward it to the Emmaus House Executive Director.
5. The fact that this file is the property of Emmaus House.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF WITNESS



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## OATH OF CONFIDENTIALITY

I, \_\_\_\_\_, understand that when I am at EMMAUS HOUSE I may have access to confidential information, and by signing this statement I am indicating my responsibilities to maintain and agree to the following:

I understand that names and any other identifying information about clients and staff are completely confidential.

I agree not to divulge, publish, or otherwise make known to any unauthorized persons or to the public any information regarding EMMAUS HOUSE, its clients, staff or business obtained in the course of my involvement with EMMAUS HOUSE.

I understand that **ALL** information regarding the EMMAUS HOUSE obtained or accessed by me in the course of my work or volunteer activities is strictly confidential.

I agree not to divulge or otherwise make known to any unauthorized persons any information, unless specifically authorized to do so by EMMAUS HOUSE protocol, a senior staff member, or the Board of Directors acting in response to applicable law, court order, public health concerns, or a specific clinical need.

I understand I am **NOT** to read information and records concerning clients or any other confidential information or documents, nor ask questions of clients or staff for my own personal information, but only to the extent and purpose of performing my assigned duties as a volunteer.

I understand that a **BREACH of CONFIDENTIALITY** will result in immediate dismissal.

I agree to notify the Executive Director should I become aware of an actual Breach of Confidentiality, or a situation which could potentially result in a Breach, whether this be on my part or the part of another person.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



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NAME OF WITNESS

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SIGNATURE OF WITNESS