



### **Confidentiality Agreement**

The Women's Shelter of Central Arkansas (WSCA) requires that all information gained through service with our organization be treated confidentially. Discussing any information with people who are not volunteers or staff in any situation will destroy the bond of trust between the participant and WSCA and will undermine our services.

The location of WSCA is confidential and may not be shared with anyone outside this organization. A breach of confidentiality is a serious violation of trust and ethical responsibility. It can jeopardize the safety of participants, staff and volunteers, and thus may be a cause for immediate dismissal from service. I agree not to divulge any information during or after my tenure of service with WSCA.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WSCA Staff Signature

\_\_\_\_\_  
Date

### **VOLUNTEER POLICIES AND PROCEDURES AGREEMENT**

I have read and understand the policies and procedures presented to me in the WSCA volunteer training manual and handbook. I indicate my willingness and intent to abide by these policies and procedures.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WSCA Staff Signature

\_\_\_\_\_  
Date

### **Insurance Responsibility**

As a volunteer for WSCA, it is not my job to transport clients. If I choose to transport clients in my own vehicle for any reason, I will maintain and furnish proof of insurance. I take full responsibility for any participant who I agree to transport. I further understand that WSCA will not be responsible for any law suits or legal action that occurs as a result of my actions.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WSCA Staff Signature

\_\_\_\_\_  
Date

**Do you have any prior experience working with people in crisis/stressful situations?**

If yes, please explain:

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

**Have you ever been a victim of domestic violence, sexual assault or rape?  
(Optional)**

**YES**

**NO**

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

**What days are you available? (Please indicate which day of the week and time of day.)**

				<b>Times</b>
Sundays	Day	Evening	Night	_____
Mondays	Day	Evening	Night	_____
Tuesdays	Day	Evening	Night	_____
Wednesdays	Day	Evening	Night	_____
Thursdays	Day	Evening	Night	_____
Fridays	Day	Evening	Night	_____
Saturdays	Day	Evening	Night	_____

**PLEASE PRINT**

**Please list three references (not related to you):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

**Have you ever been convicted of a felony or a misdemeanor? Yes No**

If yes please explain.

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**Do you have a valid driver's license and comprehensive automobile insurance?**

**Yes No**

If yes, license number: \_\_\_\_\_ State \_\_\_\_\_

Insurance company \_\_\_\_\_

**In case of an emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_

I understand that my acceptance as a volunteer with WSCA is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from WSCA volunteer services.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



# Volunteer Application Packet

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Driver's License#:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

