

Have you ever been a victim of domestic violence, sexual assault or rape? Yes No
(This information has no bearing on being a volunteer and is optional to disclose the Lonoke County Safe Haven, Inc.)

What volunteer areas interest you most? (Rank each item 1 to 3, with 1 indicating the most interest.)

- | | |
|----------------------------------|--------------------------|
| _____ Volunteer in clothing shed | _____ Office/Clerical |
| _____ Shelter Volunteer | _____ Transportation |
| _____ Overnight at shelter | _____ Support Activities |
| _____ Fundraising | _____ Pick Up Donations |
| _____ Help moving | _____ Court Advocacy |
| _____ Help Line | _____ Child Care |
| _____ Other _____ | |

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

- | | | | |
|------------------|------------------|---------------|-------------------|
| _____ 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 |
| _____ Weekly | _____ Bi-Monthly | _____ Monthly | _____ Other _____ |

Please list three references:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Telephone (Work) _____ (Home) _____

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Telephone (Work) _____ (Home) _____

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Telephone (Work) _____ (Home) _____

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

If yes, please explain. _____

Do you have a valid driver's license and automobile liability insurance? Yes No

If yes, license number and state: _____

If yes, insurance company: _____

In case of emergency, contact:

Name _____ Relationship _____

Telephone (Work) _____ (Home) _____

Comments: _____

I hereby understand that my acceptance as a volunteer with Lonoke County Safe Haven, Inc. 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 Lonoke County Safe Haven, Inc. volunteer services.

I further understand and acknowledge that, unless otherwise defined by applicable law, any volunteer work relationship with this organization is of an "at will" nature, which means that the volunteer may resign at any time and Lonoke County Safe Haven, Inc. may terminate its association with the volunteer time with or without cause.

Signature of Volunteer Applicant

Date

----- For Lonoke County Safe Haven, Inc. Use Only -----

_____ Police check performed Date: _____ Favorable _____ Unfavorable _____

_____ DHS check performed Date: _____ Favorable _____ Unfavorable _____

Lonoke County Safe Haven, Inc.

CONFIDENTIALITY AGREEMENT

Lonoke County Safe Haven requires that all information gained through service with our organization be treated confidentially. Discussing any information with people who are not volunteers or who are not staff members, in any situation, will destroy the bond of trust between the participant and LCSH and will undermine our services.

The location of Lonoke County Safe Haven, Inc., shelter or any other place of business operated by LCSH may not be shared with anyone outside the 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 be a cause for immediate dismissal from service.

I acknowledge and agree not to divulge information regarding location of offices, shelters or any other place of business operated by LCSH and information pertaining to clients, staff and volunteers of LCSH during or after my tenure of service with Lonoke County Safe Haven. Inc.

Signature of Applicant

Date

Signature of Staff Member

Date

AUTOMOBILE INSURANCE RESPONSIBILITY

As a volunteer who will provide transportation for participants of Lonoke County Safe Haven, Inc., I will maintain and furnish proof of automobile liability insurance. I take full responsibility for any participant who I agree to transport. I further understand that Lonoke County Safe Haven, Inc. will not be responsible lawsuits or legal action that occurs as a result of my actions.

Signature of Applicant

Date

Signature of Staff Member

Date

ORGANIZATION INSURANCE

As a volunteer who will provide service for participants of Lonoke County Safe Haven, Inc., I understand that Lonoke County Safe Haven provides no insurance coverage.

Signature of Applicant

Date

Signature of Staff Member

Date

Attention All Volunteers
Lonoke County Safe Haven
Client Volunteer Involvement

Thank you for volunteering your time and talents to Lonoke County Safe Haven (LCSH).

While you are volunteering at LCSH, please understand that your personal involvement with clients is your personal choice, and the extent to which you become involved with clients is your personal choice.

As a volunteer you are not asked to do anything beyond answering the hotline, following established procedures when speaking with a client, following basic office procedures (ex. locking up, etc.) and contacting the appropriate person or persons should a problem arise while you are volunteering.

If a 'client' asks you for money, transportation, or other favors, we strongly urge you to seek the advice of a staff member before you agree to do the favor. After speaking with a staff member, the decision to follow through with the client's request, or not to follow through with the request is still your decision.

It is against policies and procedures for volunteers to do "client pick-up or go to the home of a client, or to the home of a relative, friend, or acquaintance of a client. Due to the nature of this work, going to a clients home, or to the home of a relative or friend of a client, or being personally involved with a client in any way MAY put a volunteer at risk.

Please keep your personal belongings (purses, gloves, sweaters, jewelry, etc.) out of sight or locked up when working with clients. Lonoke County Safe Haven, Inc. will not be held responsible for lost, stolen, or damaged items belonging to volunteers.

The safety of our clients, volunteers, and staff is a concern of LCSH. **PLEASE DO NOT PUT YOURSELF AT RISK. AS A VOLUNTEER, YOUR SAFETY AND THE SAFETY OF YOUR PERSONAL PROPERTY IS YOUR RESPONSIBILITY.**

I have read and understand the above statement of policy and procedures regarding client and volunteer involvement.

Volunteer / Staff

Date

Authorization For Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, P.O. Box 1437, Slot S 566, Little Rock, AR 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recording. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof of 501C3.

This information should be addressed to:

I understand that the name of any confidential informants, or other information which does not pertain tot the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name/DOB children

Race Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From: _____ To: _____

Full Name/DOB children

Past Address:

From: _____ To: _____

Applicant's Signature

From: _____ To: _____

From: _____ To: _____

County of _____ State of Arkansas

Acknowledges before me this _____ day of _____ 200_____.

My commission expires: _____

Notary Public

SEE OTHER SIDE FOR APPLICATION

Required:

- 1. This form properly completed.
- 2. \$10.00 check or money order, payable to "Lonoke County Safe Haven"

Full Name: _____ / _____
 All Other Names Used

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
Month/Day/Year

Social Security #: _____ Driver's License#: _____

Mailing Address: _____
Street

If this check is conducted for employment purposes furnish:

Daytime phone #: _____ Job title/position: _____

If this check is required to be conducted under Arkansas law, please state that law:

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE (AND THE FBI, IF APPLICABLE) TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TOT HE FOLLOWING PERSON OR ENTITY:

Name: _____
First/MI/Last Name or Full name of agency

Mailing Address: _____
Street

City State Zip Code

Signature: _____ Date: _____
 ear

STATE OF _____
COUNTY OF _____

Subscribed and sworn before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____, 20____.

Notary Public

----- For official use only -----

- 82001 Civil Record Check
- 82002 Volunteer
- 80001 FBI Record Check