



VOLUNTEER ADVOCATE APPLICATION SAFE HARBOR, INC.

Please return completed application to
Samantha Tucker, Safe Harbor Volunteer Coordinator
P.O. Box 174
Greenville, SC 29602

Application Date: _____

Name: Miss Mrs. Ms. Mr. (circle one) _____

Date of Birth: _____ Social Security #: _____

Address: _____
Street/PO Box

City _____ State _____ Zip _____

Home Phone # _____ Business Phone # _____

Best hours to reach you: _____ Other Phone # _____

If you have e-mail, please give us your e-mail Address: _____

Education: Circle highest grade level completed: 8 9 10 11 12 college: 1 2 3 4 or above

High School Name: _____ Diploma or GED? _____ Year _____

College Name: _____ Diploma? _____ Year _____ Major _____

Graduate School: _____ Diploma? _____ Year _____ Major _____

Current employer: _____ Working hours: _____

Why would you like to volunteer with Safe Harbor? _____

Work or Volunteer Experience, Special Training, Workshops, Internships: (include position, organization, length of service, year, etc.): _____

Hobbies/Special Interests: _____

Significant History: Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes _____ No _____ If yes, please explain in detail; include offense and date of conviction: _____

Medical History: Have you ever had any medical or emotional problems of significance in the last year?

Yes _____ No _____ If yes please explain in detail: _____

Emergency Notification: (person to be contacted in case of emergency or illness)

Name _____ Relationship _____ Phone # _____

REFERENCES: Please list three references and give complete names, addresses and zip codes. Include a daytime and fax phone number or email address if possible, it will expedite processing your application.

1. **Name:** _____ Relationship: _____
 Mailing Address: _____

 Phone # _____ Fax # _____
 Email Address (if applicable): _____
 Does he/she regularly check email? _____
2. **Name:** _____ Relationship: _____
 Mailing Address: _____

 Phone # _____ Fax # _____
 Email Address (if applicable): _____
 Does he/she regularly check email? _____
3. **Name (Family Member):** _____ Relationship: _____
 Mailing Address: _____

 Phone # _____ Fax # _____
 Email Address (if applicable): _____
 Does he/she regularly check email? _____

AVAILABILITY: Please check the times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Mid-day							
Evening							

In which position(s) are you interested? (Our most popular positions are underlined.)

Crisis Line Children's Advocate Clerical Support Emergency Room
 Legal/Transportation Speakers' Bureau/Community Outreach Store/Facility Support

Transportation: Do you have transportation to & from the Shelter? Yes _____ No _____
 Do you have a valid South Carolina Driver's License? Yes _____ No _____
 Driver's License Number _____ Expiration Date _____

Insurance: Do you have automobile insurance coverage? Yes ___ No _____
 Do you have personal accident/medical coverage? Yes _____ No _____

STATEMENT OF UNDERSTANDING

I agree and understand that all statements on the Volunteer Advocate Application are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or terminated as a volunteer. I also give Safe Harbor permission to contact the references listed above and release Safe Harbor from any liability as a result of such contact.

I understand that all volunteer placements are contingent upon completion of any orientation and training which is required. Training requirements may vary in content depending upon my actual placement. Certain volunteer advocate positions may require a health screening and/or criminal background check.

Signature of Applicant **Date**

**SAFE HARBOR, INC.
VOLUNTEER ADVOCATE
CONFIDENTIALITY AGREEMENT**

My signature as a SAFE HARBOR, INC. volunteer advocate indicates that I agree to exercise care not to disclose to any person outside the agency any facts learned about any client of the agency. I understand that confidentiality is of the utmost importance in servicing the needs of clients. I also understand that the shelter location is confidential and I will not disclose its location to anyone. I further understand that any infraction of this rule will mean termination of my volunteer advocacy at Safe Harbor.

I have read and understand the above policy regarding confidentiality.

Signature of Applicant

Date

SAFE HARBOR: A DRUG-FREE WORKPLACE

The following drug-free policy statements are in effect at Safe Harbor. They are aimed at reducing the impact of drugs on the workplace. Volunteers are considered employees under the SC Charitable Immunity Law.

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthy, safe, and secure work environment.
2. The unlawful manufacture, distribution, possession, or use of a controlled substance on agency premises or while conducting agency business off site is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
3. The agency also recognizes drug dependency as an illness and a major health problem. We also recognize that drug abuse is a potential health, safety, and security problem. Employees needing help in dealing with such problems are encouraged to seek assistance. Conscientious efforts to seek such help will not jeopardize any employee's job and not be noted in any personnel record.
4. Employees must, as a condition of employment, abide by the terms of the above policy (and policies in the policy manual). Any conviction under a criminal drug statute for violations occurring on or off agency premises while conducting agency business must be reported to the Executive Director within 5 days of the conviction.

I have read and understand the above policy regarding a drug-free workplace.

Signature of Applicant

Date

Turn Over To Back

**SAFE HARBOR, INC.
VOLUNTEER ADVOCATE AGREEMENT**

Thank you for your interest in Safe Harbor, Inc. We hope your experience here is rewarding and productive as together we advocate for the well being and safety of our clients. Before you come into the shelter, you will need to know and agree with our policies as outlined below. Please read the information and sign where indicated to signify that you understand your purpose and will follow Safe Harbor rules related to your shelter involvement.

- As a volunteer, you are considered an employee of Safe Harbor under the South Carolina Charitable Immunity Law. You are not to disclose any information to any person outside the agency regarding shelter residents or agency business. Any infraction of this rule could mean immediate termination of your volunteer service.
- Do not disclose the shelter location to anyone in the community.
- The shelter staff predetermines all volunteer/client activities and work assignments. Receive prior approval before offering other services to clients. If you are leading a living skills group, the advice you give should be related to your area of expertise.
- Be prompt and reliable when volunteer service is scheduled. Maintain accurate paper work as required and submit paper work timely, including documented hours of volunteer service.
- Always be professional, dignified, and cautious in performing any shelter advocate duty.
- Submit suggestions and recommendations that improve or enhance the service you provide.

RELEASE OF LIABILITY

We require that you limit relationships with shelter residents to matters directly related to their stay in the shelter and only during assigned volunteer duty. I hereby release Safe Harbor, its board, staff, and other volunteers from any and all liability and consequences which may result should I decide to maintain a relationship with any client outside of the shelter/volunteer relationship.

In addition, I understand that if I am injured in any way while acting as a volunteer, I will not be covered under worker's compensation benefits. I hereby release Safe Harbor from any responsibility for such injury.

POLICY REGARDING PERSONAL INVOLVEMENT IN FAMILY VIOLENCE

It is the policy of Safe Harbor to require that service providers shall not be clients of the agency. This will apply to and include staff and volunteers and their immediate families.

In addition, volunteers who are currently experiencing family violence difficulties in their own lives shall not be allowed to continue their active volunteer activities until such time as it is determined that there is a resolution to the problem. This policy is in effect for the safety and benefit of our clients, staff, and volunteers.

In keeping with this policy, volunteers are prohibited from developing personal relationships with clients of the agency, even during personal time. Volunteer encounters with clients must be limited to the scope of their assigned volunteer duties.

I have read and understand the aforementioned rules of volunteer activity and my signature as a Safe Harbor volunteer indicates that I agree to abide by the above rules.

Signature of Applicant

Date