



DOMESTIC VIOLENCE
& SEXUAL ASSAULT
CENTER

PROTECT. PREVENT. EMPOWER.

Welcome!

We would like to thank you for your interest in volunteering with Domestic Violence & Sexual Assault Center. Volunteers are vital to our agency and to our clients. Domestic and sexual violence are enormous social problems burdening our families and community. With the help of volunteers, our agency is more effectively able to meet the needs of victims so that they have the opportunity to become a survivor.

Domestic Violence & Sexual Assault Center specializes in safety and healing services for all victims of personal violence at no cost.

We PROTECT victims, PREVENT violence, and EMPOWER survivors.

Please note that we cannot process your application unless you have all pieces of information required for your level of volunteering. For best results, turn in the following parts together:

- ✓ **Application**
- ✓ **3 completed reference forms (volunteers) OR 3 reference letters (interns)**
- ✓ **Resume' (interns)**
- ✓ **Criminal background fingerprint screening documents (cost of \$33.15 will be reimbursed)**

It is our sincere hope that you always feel appreciated by our staff because you are! We also hope that your volunteer experience is a rewarding one. Please let us know if you have any questions, problems, or concerns about your role as a volunteer. No value can be placed on what you bring to our program. We cannot do it without you!

Volunteer and Intern Application Requirements should be sent to:

Ericka Downing | volunteer@dvsacenter.org | (615) 896-7377

1423 Kensington Square Court, Murfreesboro, TN 37130

VOLUNTEER / INTERN APPLICATION

PERSONAL INFORMATION

Full Name: _____ Email: _____
 Address: _____ City: _____ ZIP: _____
 County: _____ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____
 Date of Birth: ____/____/____ Age: _____ Gender/Pronouns: _____
 Marital Status: _____ Spouse/Partner: _____

PERSON(S) TO NOTIFY IN CASE OF AN EMERGENCY

Person 1 Name	
Cell Phone	
Person 2 Name	
Cell Phone	

EDUCATION, WORK, VOLUNTEER EXPERIENCE

Highest Level Education Completed: _____ Student? _____
 School: _____ Major: _____
 Volunteer/Internship Required? _____ When? _____ How many hours? _____
 Date Hours to be Completed by: ____/____/____
 Languages: _____
 Organizations: _____

Previous volunteer experience:	What?
	Where?
Interests and Strengths:	Special Training or Certifications?

Who or what prompted you to volunteer with us? _____

Volunteer / Intern Position Applying For: _____

Current Employer: _____ Job Title: _____

Date Started: _____

Previous Employer: _____ Job Title: _____

Dates Worked: _____

GENERAL AVAILABILITY

Check the box for the time period(s) in the day(s) you're available. This does not have to be exact. Please note that certain volunteer positions require certain availability and required shifts.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	X	Time frame est.	X	Time frame est.	X	Time frame est.	X	Time frame est.	X	Time frame est.	X	Time frame est.	X	Time frame est.
Morning														
Afternoon														
Evening														

BACKGROUND HISTORY

Our agency is required by federal funders to have fingerprint background screenings done on all staff and volunteers. Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered.

Have you ever been convicted of, or plead no contest to, any felony or misdemeanor charges? ___ Yes ___ No

If yes, please describe (where, when, disposition):

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

STATEMENT OF INCLUSIVITY

We recognize and value the diversity of our community and clients. It is our policy to be inclusive and mindful of this diversity in all our departmental policies, programs, practices, and interactions with others. We affirm all people regardless of their age, culture, disabilities, ethnic origin, gender, gender identity, marital status, nationality, race, religion, sexual orientation, and socioeconomic status.

VOLUNTEER AGREEMENT

I will be committed to help reduce adverse effects that domestic violence and/or sexual assault has on its victims. As a volunteer however, I will not give advice, counseling, or pass judgment about clients and their cases. I will attend training sessions and volunteer meetings when they are scheduled and ask questions in order to be informed. I will work together with the staff to carry out the mission with the highest ethical standards. I understand that I am directly responsible to the volunteer coordinator and/or designated staff person. I will be consistent and punctual by being here on the days and times that are agreed to. I will let staff know if there must be a change in the schedule.

As a representative of the Domestic Violence Program, INC I will act with integrity and thoughtfulness. As a volunteer, I will not represent the agency either through written or oral communications without the expressed consent of the volunteer coordinator and/or designated staff person. I understand that I am not an employee of the Domestic Violence Program, INC and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the agency for my assigned work duties. It is my responsibility to update any address, emergency or other changes. I will respect each client's right to confidentiality. In addition, I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, alter, or destroy any confidential information belonging to the Domestic Violence Program, INC.

I certify that all information in this form is complete and accurate to the best of my knowledge. I authorize investigation of all statements contained in this form and understand that I may be required to provide verification of information contained in this form.

Understanding Your Internship as a Non-paid Placement

According to the Department of Labor (DOL), a person may be considered an intern or student "trainee" and not an employee entitled to minimum wage and overtime under the FLSA if all the following criteria are met:

1. The training the person receives is similar to that which would be given in a vocational school.
2. The training is for the benefit of the trainee or student.
3. The trainee or student does not displace regular employees, but works under their close supervision.
4. The employer that provides the training does not derive any immediate advantage from the activities of the trainee or student, and on occasion its operations may be impeded.
5. The trainee or student is not necessarily entitled to a job at the conclusion of the training period or end of internship.
6. The employer and trainee or student understand that the trainee or student is not entitled wages for the time spent in training and with the internship as a whole.

I have read and understand my internship as a non-paid placement.

Signature: _____

Date: _____

CONFIDENTIALITY CONTRACT

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

I fully understand the need to strict confidentiality concerning all information received from or about clients of Domestic Violence Program & Sexual Assault Center. This information includes the identity of clients, content of conversations with clients, professional opinions about clients, and materials from records of clients.

I agree to keep the location of the shelter confidential and understand by breaking this confidentiality agreement that I may endanger Domestic Violence & Sexual Assault Center clients, volunteers, interns, and staff. In the event that I sever this confidentiality contract, my position in the office will be terminated

As a member of this agency, I will not discuss or reveal any information concerning clients to anyone outside the agency, without the client's understood permission, except in the unusual circumstances of imminent danger to a client or other persons, elderly abuse, and/or child abuse.

I fully agree to contact my supervisor or the on-call staff person anytime I have questions concerning confidentiality.

**Infractions to this contract come in two types:*

Type I-Intentional and Serious: This is when a volunteer knowingly and deliberately commits a breach of confidentiality. The commitment of Type I will result in a discussion of the infraction between the volunteer and the direct supervisor and a written reprimand entered into the volunteer's personal records, and could be considered grounds for dismissal.

Type II-Unintentional and Moderate: This is when by carelessness, forgetfulness, or poor judgment a volunteer places in jeopardy the confidential record or information regarding a client. The commitment of Type II will result in a discussion between the volunteer and the direct supervisor and noted in writing in the volunteer's personnel file. Repeated commitment of the Type II infraction could be considered grounds for dismissal.

Signature _____

Date: _____

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases _____, ("Domestic Violence & Sexual Assault Center"), a Domes corporation organized and existing under the laws of the State of _____ and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Domestic Violence & Sexual Assault Center and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Domestic Violence & Sexual Assault Center is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Domestic Violence & Sexual Assault Center will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Domestic Violence & Sexual Assault Center.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Domestic Violence & Sexual Assault Center and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Domestic Violence & Sexual Assault Center. I understand and acknowledge that this Release discharges Domestic Violence & Sexual Assault Center from any liability or claim that I may have against Domestic Violence & Sexual Assault Center with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Domestic Violence & Sexual Assault Center or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Domestic Violence & Sexual Assault Center does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Domestic Violence & Sexual Assault Center beyond what may be offered freely by Domestic Violence & Sexual Assault Center in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Domestic Violence & Sexual Assault Center from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Domestic Violence & Sexual Assault Center.
4. Assumption of Risk: I understand that the services I provide to Domestic Violence & Sexual Assault Center may include activities that may be hazardous to me including, but not limited to _____ involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Domestic Violence & Sexual Assault Center from all liability.
5. Photographic Release: I grant and convey to Domestic Violence & Sexual Assault Center all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Domestic Violence & Sexual Assault Center in connection with my providing volunteer services to Domestic Violence & Sexual Assault Center.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date



Self – Disclosure of Direct Services

At Domestic Violence and Sexual Assault Center, we understand that many of our volunteers are connected to our mission of protect, prevent, and empower because you are a survivor of domestic or sexual violence. We understand your desire to “pay it forward” and contribute to fellow survivor’s journey on their path to hope and healing. While we understand that desire, we also want to ensure that you have reached a place in your journey as a survivor to assist others without causing additional trauma or harm to yourself.

As a volunteer of the Domestic Violence and Sexual Assault Center, your mental health and well-being is of utmost importance to our organization. To prevent vicarious trauma, it is important for you to disclose any services that you may have received through our agency or another similar agency and that you recognize your potential triggers.

If appropriate, please disclose any services provided to you by the Domestic Violence and Sexual Assault Center:

Date	Service Provided

To encourage healthy practices of self-care, our agency reserves the right to strategically place a survivor within the volunteer program with the Domestic Violence and Sexual Assault Center to minimize the likelihood of secondary trauma.

I, the undersigned, knowingly and willingly disclose any services with dates provided by the Domestic Violence and Sexual Assault Center and that it may affect and/or limit my ability to be a current volunteer of the agency.

Volunteer Signature

Date

Stories of Hope & Healing

If you are a survivor of domestic violence, relationship abuse, sexual assault, or stalking we invite you to participate in our Stories of Hope & Healing! This anonymous opportunity provides others with hope that they too can go from victim to *survivor*.

No story is too short or long or right or wrong. You do not have to be a past client of the Domestic Violence & Sexual Assault Center to share your story and make an impact in the life of someone else. If you would be interested in learning more about sharing your unique story of becoming a survivor, please check the box below.

I would be interested learning more about sharing my story:

_____ YES!



DOMESTIC VIOLENCE
& SEXUAL ASSAULT

PROTECT. PREVENT. EMPOWER.

**Volunteer Training Verification
Criminal Injuries Compensation & Title VI**

I have received training / adequate information regarding Criminal Injuries Compensation from a staff person of the Domestic Violence & Sexual Assault Center. This information is provided in my Volunteer Handbook and/or Training Manual.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____



**Release Authorization for
Background Investigation
(T.C.A. 37-1-414)**

I hereby acknowledge that as a condition of my employment application, volunteer application or housing application with the Domestic Violence Program, the Domestic Violence Program may conduct any or all of the following investigative measures in regard to my application:

- 1) Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application.
- 2) Require me to supply fingerprint samples and/or submit to a criminal history record check to be conducted by an approved Tennessee law enforcement agency
- 3) Require me to attend a training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit to character, employment, education, and reference checks
- 4) My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Last Name:		First Name:			Middle Name:	
Street Address:		City:			State:	Zip Code:
Social Security Number:		Place of Birth:			Date of Birth:	
Birth/Maiden Name:		Male:	Female:	Home Phone:	Cell Phone:	Work Phone:
Signature:					Date:	

BACKGROUND INVESTIGATION

All persons (including but not limited to employees, consultants, contractors, trainees, interns, teachers, and volunteers) must consent for a background check by the agency/entity to be completed prior to interaction with participants. The regulations require two separate categories of background checks to be conducted on each person: (1) criminal background checks; and (2) public sex offender.

1. All entities/agencies legally authorized to conduct fingerprint background checks ("FBI CJIS Checks") shall conduct an FBI CJIS Check on all persons reasonably likely to interact with any participating minor. Agencies that typically have access to FBI CJIS Checks include law enforcement agencies, governmental entities working with children, or agencies/entities mandated by state or federal law.
2. Criminal background checks must be completed/ repeated once every five years.
3. Personnel files must include printed verification of completion of all required criminal background check.

In addition to factors which must be considered by law or by the policies and procedures of OCJP and the agency/entity, when determining suitability all agencies/entities must consider the findings on the above background checks. Any of the following events or findings automatically precludes a determination of suitability:

1. Withholding consent to the background checks required in Section I above;
2. Knowingly making a false statement that affects or is intended to affect any search required in Section I above;
3. A listing as a registered sex offender on the Dru Sjodin National Sex Offender Public website registry or any state sex offender or abuse and neglect registry;
4. A conviction of a felony or misdemeanor under state, federal, or local law of any of the following crimes or a substantially equivalent criminal offense:
 - a. Sexual or physical abuse, neglect, or endangerment of an individual under the age of 18 at the time of the offense;
 - b. Rape/sexual assault, including conspiracy to commit rape/sexual assault;
 - c. Sexual exploitation, such as through child pornography or sex trafficking;
 - d. Kidnapping;
 - e. Voyeurism;
 - f. or Is determined by a federal, state, or local government agency not to be suitable.

STEPS TO COMPLETE REQUIRED CRIMINAL BACKGROUND FINGERPRINT SCREENING

1. Complete and email separately attached VECHS Waiver Agreement.
2. Provide 3 preferred times to have your fingerprint screening. Screening takes 15-30 minutes. Screening is done at IdentoGo, 2245 Memorial Blvd Ste E, Murfreesboro, TN 37129, hours of operation Monday through Friday from 8:30 am to 5:00 pm. We will email you a confirmation on available date and time.
 - I. Date: _____ Time: _____
 - II. Date: _____ Time: _____
 - III. Date: _____ Time: _____

Additional information needed for scheduling:

- Eye Color: _____ Hair Color: _____
 - Height: _____ Weight: _____
3. Please have your fingerprint screening done at the confirmed date and time. Payment will need to be rendered to IdentoGo by credit card in the amount of \$33.15
**The DVSAC will reimburse you by mailed check to the address provided in your application for this payment within a week of receiving your receipt. **
 4. Once completed, IdentoGo will send us a copy of your screening to complete your volunteer file. If you would like a copy for your records, please let us know.

Volunteer Reference Form (1)

Volunteer Name:

Relationship to Volunteer:

Your Name:

Your Email:

Your Phone Number:

1. In what capacity have you known the volunteer and for how long?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. What do you think maybe the applicant's greatest challenge in volunteering here?
5. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
6. On a scale of 1 to 5, 1 being poor & 5 being excellent, rate the applicant on the following:
 - # ___ Ability to work in a team
 - # ___ Ability to work independently
 - # ___ Use of conflict resolution skills
 - # ___ Ability to take direction
 - # ___ Flexibility
 - # ___ Sense of humor
 - # ___ Organizational skills
 - # ___ Communication skills
 - # ___ Multi-tasking
7. Would you have this applicant volunteer with your organization or business?

Volunteer Reference Form (2)

Volunteer Name:

Relationship to Volunteer:

Your Name:

Your Email:

Your Phone Number:

1. In what capacity have you known the volunteer and for how long?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. What do you think maybe the applicant's greatest challenge in volunteering here?
5. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
6. On a scale of 1 to 5, 1 being poor & 5 being excellent, rate the applicant on the following:
 - # ___ Ability to work in a team
 - # ___ Ability to work independently
 - # ___ Use of conflict resolution skills
 - # ___ Ability to take direction
 - # ___ Flexibility
 - # ___ Sense of humor
 - # ___ Organizational skills
 - # ___ Communication skills
 - # ___ Multi-tasking
7. Would you have this applicant volunteer with your organization or business?

Volunteer Reference Form (3)

Volunteer Name:

Relationship to Volunteer:

Your Name:

Your Email:

Your Phone Number:

1. In what capacity have you known the volunteer and for how long?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. What do you think maybe the applicant's greatest challenge in volunteering here?
5. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
6. On a scale of 1 to 5, 1 being poor & 5 being excellent, rate the applicant on the following:
 - # ___ Ability to work in a team
 - # ___ Ability to work independently
 - # ___ Use of conflict resolution skills
 - # ___ Ability to take direction
 - # ___ Flexibility
 - # ___ Sense of humor
 - # ___ Organizational skills
 - # ___ Communication skills
 - # ___ Multi-tasking
7. Would you have this applicant volunteer with your organization or business?

Importance of volunteers

Volunteers at every level make our program's mission achievable. At any level, volunteers can move up by having positive evaluations from the Volunteer Coordinator and showing commitment to the organization and its clients. All volunteers make a difference and ultimately allow us to protect victims, prevent violence, and empower survivors in creating a better, safer community for us all.

CONNECT WITH US!

WWW.DVSACENTER.ORG



@DVSACenter

Domestic Violence & Sexual Assault Center