

VOLUNTEER APPLICATION

Thank you for your interest in the Dallas Area Rape Crisis Center. Please complete the following application and return to the Volunteer Coordinator. When your completed application is received, you will be scheduled for a personal interview. You will be informed of the sensitive and sometimes challenging nature of sexual assault treatment/trauma work. Policies and procedures are reviewed, including ethics, continuing education, and confidentiality requirements. You are encouraged to ask questions and express any concerns that you may have during this process. During the interview, we will discuss the training requirements, and your schedule.

Please Print All Information

Date: _____

Name _____
Last
First
MI

Address _____

CITY
STATE
ZIP
COUNTY

Phone _____
Home
Work
Cell

E-Mail: _____

Employer _____ Can you receive calls at work? _____

Bilingual? (Circle one) Yes No

Language Read Speak Write Language Read Speak Write

Other Volunteership/Volunteer Experience

Please list all present or past-related experience (add additional pages if needed):

Program/Agency Position Supervisor

Program/Agency Position Supervisor

Program/Agency Position Supervisor

Describe your education, training, skills and talents:

How did you hear about our agency? _____

MEDICAL DISCLOSURE AND RELEASE

By providing the following information, I authorize DARCC to seek medical treatment for me in case of illness, injury, accident, or emergency when I am unable to express my wishes.

I will not hold DARCC liable for such medical/surgical treatment in case of illness, injury, accident, or emergency.

Volunteer's Name _____

Emergency Contact Name _____

Relationship to the volunteer _____

Address _____

Home Number _____

Work/Mobile Number _____

Insurance Company Name _____

Policy Number _____

Doctor's Name _____

Doctor's Number _____

Please list any medical conditions including drug allergies:

I, _____, agree to assume full responsibility for my own safety while in service at DARCC. I hereby release Dallas Area Rape Crisis Center, its officials, employees, and agents from any and all claims or actions resulting from any injury that may occur to me in during my service. I agree to reimburse DARCC for any damages it is compelled to pay arising from any such claim, demand, action or cause of action, on my behalf.

Volunteer's signature



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name		
Contact Name			
Agency's Main Phone Number		Agency's Fax Number	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race Other <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/>		

I hereby authorize veriFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time within 36 months from the date on this document. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

VOLUNTEER INTERVIEW QUESTIONNAIRE

1. What led you to choose this program?

2. What do you hope to contribute to this program?

3. What do you feel are your greatest weaknesses and strengths?

4. How do you work in a team environment?

5. What sexual assault training or experience working with sexual assault survivors have you received?

6. What do you anticipate would be the most difficult part of this program for you?

7. How do you feel about working with people who are of different race, religion, belief or lifestyle than yours?

8. Have you or any one you know been a victim of sexual assault? If yes, how long ago and what have you done to work through it?

9. Do you have a medical/psychiatric history that you feel is important for us to know about? If you are presently taking any psychiatric medications please note them below.

Yes_____ No_____

If yes, explain.

10. We prohibit the use of mind-altering drugs and alcohol while on call. Can you agree to abide by this policy? Yes_____ No_____

If no, explain.

11. Are you currently on probation or parole or completing community service hours?
Yes_____ No_____

If yes, explain.

12. Have you been arrested, charged or convicted of a crime(s)?
Yes_____ No_____

If yes, explain.

13. Will you be able to attend required regular in-service training meetings (6 hours per year)?
Yes_____ No_____

If no, explain.

14. Are you willing to complete paperwork, keep track of services, and document all client contact?
Yes_____ No_____

If no, explain.

15. Client confidentiality is a top priority at DARCC. Do you foresee having a problem in this area?
Yes_____ No_____

If yes, explain.

16. How well do you work with people and what types of people or issues might you have trouble dealing with?

17. What do you hope to gain from volunteering at DARCC?

References – Please list three people other than relatives and friends:

Name	Address	Phone (work/home)
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Name	Address	Phone (work/home)
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Name	Address	Phone (work/home)
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Volunteer's Name

Signature

Date

Volunteer Opportunities You Are Interested In:

- Crisis Advocacy (Crisis Line)
 Hospital Advocacy (Face-to-Face)
 Outreach / Education (Presentations)
 Fundraising / Events (Organization, Event Help, Clerical)

Statement of Confidentiality and Ethics

Confidentiality is the volunteer's promise not to reveal anything discussed in the conversation setting except under the following conditions:

- When the client poses a danger to self or others, there is a duty to warn and protect.
- When there is suspected danger to a person under the age of 17.
- When a court orders a release of information.
- When the volunteer is working under supervision.
- When a third party is in the room.
- A breach of any kind of a client's confidentiality is cause for immediate termination of a volunteer.

The Ethical standards of practice at DARCC are as follows:

- Clients right to self-determination - we offer the clients information, support, advocacy and counseling, which the client has the right to accept or reject. Clients have ultimate control on their recovery.
- Clients right to informed consent - volunteer have a duty to provide information so that a client can make informed choices and decisions. Survivors have the right to know the following: the volunteer's qualifications, the agency's philosophy of counseling, confidentiality and its limits of the counseling relationship and their recourse if they are dissatisfied with services.
- We are mandated by our ethics to help clients make good choices and to point out both the benefits and problems. We must ultimately practice what we preach.
- Fairness to all clients includes respecting the clients' individuality.
- We must not step over the boundary of client/volunteer. Establishing a friendship with a client is inappropriate.
- If a pre-existing friendship exists, further direct services will be directed to another counselor or advocate after the immediate crisis intervention.
- Under no circumstances are there to be any sexual intimacy between client and volunteer.
- Survivors must feel they can trust the agency and its counselors if intervention is to be effective. If there is ever any doubt about the ethics of any situation, consult the staff.

Volunteer's Name

Signature

Date

Summary of Policies and Grounds for Dismissal

DARCC carefully screens all of its staff, volunteers and volunteers before, during, and after training. We try to choose only those who we feel are right for the agency and will do the greatest good for our clients. Occasionally, during or after training, we will find that the work of the agency and the volunteer are just not a good fit. If we discover an issue, depending on the severity, we will either work with the volunteer to alter their assignment, we may find it necessary to terminate our relationship and help the volunteer find other volunteer opportunities. It is very important that the credibility of our center remains in place and that our clients are offered the highest quality of care possible.

The following behaviors by a volunteer may be grounds for terminating the relationship:

- Giving out your home/work/cell phone number or the home/work/cell phone number of another staff or volunteer.
- Approaching a DARCC client/caller for the purpose of developing a social relationship with this client/caller.
- Encouraging dependency by promoting repeat calling or promising that a staff person will return a call without prior consent.
- Failure to refer all media calls to the staff.
- Breach of client/caller's confidentiality.
- Failure to respond to a hospital call without informing the back up staff/volunteer.
- Failure to be culturally sensitive.
- Failure to arrange follow-up support for clients/caller.
- Using drugs/alcohol when on call.
- Carrying a weapon when responding to a call.
- Personally transporting a client/caller.
- Public criticism of DARCC or confrontations with clients, police, medical personnel, or other individuals a volunteer may come into contact with during the course of DARCC business.

This is a list of the main policies and procedures that need to be followed. It is possible that there may be other factors, which would cause the staff to question the suitability of a volunteer. These situations will be addressed as they arise.

Volunteer's Name

Signature

Date

NONDISCRIMINATION POLICY AND GRIEVANCE PROCEDURES

DARCC does not discriminate against volunteers, volunteers or prospective volunteers on the basis of race, color, creed, sexual or affectional preference, physical handicap or disease such as HIV/AIDS or cancer, national origin, religion, sex, or age. Volunteer opportunities are made available on a nondiscriminatory basis. If a volunteer feels that they have been discriminated against by DARCC Staff then they have the right to follow the following step-by-step grievance procedure additionally, an informal resolution is encouraged.

FIRST STEP:

The initial complaint is to be directed to the staff member who is alleged to have discriminated against the volunteer, within seven days of the alleged incident. If the person is satisfied with the response from the staff member, the grievance shall be considered settled and resolved. If the person is not satisfied or does not feel comfortable approaching the staff member with the alleged issue, they may carry the grievance to the second step.

SECOND STEP:

The volunteer may direct the grievances to the immediate supervisor of the staff member who is alleged to have discriminated against the volunteer, as well as informing the Volunteer Coordinator of the problem. The outcome will be fully documented in writing within twenty-one (21) days of notification of the grievance. If the volunteer is not satisfied with this ruling, they may direct the grievance to the Clinical Director. If the immediate supervisor of the staff member against whom the grievance has been filed is the Clinical Director, the second and third steps shall be the same. A copy of the ruling will be forwarded to the Clinical Director.

THIRD STEP:

The Clinical Director shall review the first step and second step proceedings by consulting with the Volunteer Coordinator, the appropriate staff, the staff's immediate supervisor, and by reviewing the written documentation of the grievance by the staff member's immediate supervisor. If in agreement with the staff member's immediate supervisor's ruling, the Clinical Director shall uphold it. If not in agreement, the Clinical Director's ruling shall supersede that of the staff member's immediate supervisor. The ruling shall be fully documented within fourteen (14) days. The Volunteer needs to be informed of the decision/ruling in writing.

FOURTH STEP:

If the volunteer is still dissatisfied, they may direct the grievance to DARCC Executive Director. The Executive Director shall, within thirty (30) days of receiving the documented rulings and consulting with appropriate staff and the volunteer, rule on the grievance in writing.

FIFTH STEP:

If the volunteer is still dissatisfied with the Executive Director's ruling, they may direct their grievance to DARCC Board of Directors. The Board of Directors shall, within (30) days of receiving the documented ruling and consulting with the appropriate staff and the volunteer, rule on the grievance in writing. The Board's ruling shall be final.

I have read the above Nondiscriminatory Policy and Grievance Procedures. I understand and agree to follow the steps outlined in the policy.

Volunteer's Name: _____

Signature: _____

Date: _____

VOLUNTEER/ADVOCATE JOB DESCRIPTION

Title: Volunteer Advocate

Supervisors: Volunteer Coordinator

Purpose: Help reduce the trauma a survivor experiences from an attempted or completed sexual assault. This is made possible through providing emotional support and information to survivors, and survivor's family members and friends. The advocate also provides information to help a survivor understand sexual assault impact, police procedures, the sexual assault examination, legal process, counseling opportunities, and other needed resources.

Qualifications:

1. Able to work as a team member
2. Able to accept supervision
3. Ability to empathize
4. Good listening skills
5. Mentally and emotionally stable
6. Able to read and write at high school level or higher

Requirements:

1. Complete an interview and screening process
2. Pass the criminal background check
3. Complete DARCC Advocate training
4. The Victim Advocate Training Final Exam will be given at the end of training. Those scoring lower than 70% will be required to have further training and re-take the test.
5. Successfully complete probationary period (three month).
6. **Six months commitment post advocate training.**
7. Willingness to work at least two shifts per month (for advocate volunteers).
8. Own a cell phone.
9. Able to complete the **required 6 hours of continuing education** after the first year anniversary. This can be achieved through in-service meetings and reading assignments.