

The Rainbow House Volunteer Profile



General Information

Name			
E-mail Address			
Address			
City	State	Zip	
Home Phone			
	Cell Phone		

Preferred Call Time Morning Afternoon Evening Anytime

Date of Birth _____ Gender M F

	Age Group	Under 18	18-21	Over 21
How much can you lift comfortably?		10 lbs	20 lbs.	30 lbs.
How proficient are you with spreadsheets?		Beginner	Intermediate	Advanced
How proficient are you with data entry work?		Beginner	Intermediate	Advanced
How proficient are you with word processing software?		Beginner	Intermediate	Advanced

Emergency Contact

Name _____

Phone _____

References

Name
Complete Address

Name
Complete Address

E-mail Address
Relationship

E-mail Address
Relationship

Background Checks

Have you ever been convicted of a felony?	YES	NO
Have you ever been convicted of a misdemeanor within	YES	NO

the last 2 years which resulted in imprisonment/jail? _____

If yes to either please explain:

Employment

Employer _____
Address _____
City _____ State _____ Zip _____

Does your employer participate in a volunteer matching program? YES NO

Community Service Volunteers and Interns

If you require a specific number of hours to complete how many?

What are the hours required for (if applicable)? If

court ordered, what was the offense(s)?

If you require a specific number of hours, when do you need to have them completed?

If you require a specific number of hours, who is your supervisor?

If you require a specific number of hours, what is your supervisor's phone number?

Experience

Have you volunteered or worked with The Rainbow House before?

If yes, in what capacity?

If yes, when?

If yes, where?

Describe any relevant previous volunteer experience, work experience or internships you have had.

YES

NO

Miscellaneous

How did you hear about volunteer opportunities at The Rainbow House?

Is there any additional information about yourself you would like us to know about?

Do you have any physical disabilities or health concerns that would prevent you from performing certain kinds of work or in a certain work environment?

YES

NO

If yes, please explain.

Emergency Response

Do you want to be contacted as a potential volunteer in the event of a local or regional disaster?

Do you want to be contacted as a potential volunteer in the event of a national disaster?

Do you want to be contacted as a potential volunteer in the event of an international disaster?

YES

NO

YES

NO

YES

NO

I hereby agree I will not disclose any information concerning individuals receiving Rainbow House services. Information is confidential and is intended only for the use of recipient(s) and is legally privileged. I understand that any dissemination, distribution, copying or disclosure of this information, or any of its contents, is strictly prohibited.

I hereby agree I will not disclose any personal identity information concerning volunteer or donor files that I may come in contact with. This information is confidential and legally privileged. I understand that any dissemination, distribution, copying or disclosure of this information, or any of its contents, is strictly prohibited.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.

Signature

Date

Parent/ Gaurdian Signature

Required if applicant is under 18

Date



RAINBOW HOUSE DOMESTIC ABUSE SERVICES, INC

1530 Main St. P.O Box 1172. Marinette, WI. 54143 (715) 735-6656
1201 Main St. Oconto, WI. 54153 (920) 834-5299

CONFIDENTIALITY STATEMENT

All staff, volunteers, and field-placement students must abide by a policy of confidentiality concerning client confidentiality as well as any information relating to clients or their families.

Client case records are not accessible to volunteers or field-placement students without staff supervision.

It is recognized that staff, students, and volunteers will share confidential information concerning clients with each other. However, in order to respect clients' rights to privacy, it is important to discuss with staff only the information that the client has disclosed directly to you.

Confidentiality extends to family members or professionals who may call expressing concern and requesting information. We are unable to disclose any information without a signed Release of Information form indicating client consent for disclosing to specific parties.

In this event that someone calls looking for a victim, inform the caller that client information is confidential. If they persist, offer to take a message. Inform the caller that if the victim is not in contact with the Rainbow House, she won't. Inform the caller that clients in shelter have access to a phone and are encouraged to notify concerned and supportive parties as to their whereabouts.

In order to observe client confidentiality within the community, an acceptable practice is not to acknowledge current or former clients in public unless initiated by the client.

We ask that you do not under ANY circumstances reveal the names and/or any information pertaining to any client and/or staff at Rainbow House Domestic Abuse Services, Inc. You could very well endanger the lives of the clients or staff by doing so. This is for everyone's safety. You are asked to sign an agreement stating that you will respect this confidentiality at all times.

**TO ALL OUR
VOLUNTEERS**

You have received a copy of our confidentiality statement. We ask that you do not under **ANY** circumstances reveal the names and/or any information pertaining to any client and/or staff at Rainbow House Domestic Abuse Services, Inc. You could very well endanger the lives of clients or staff by doing so.

Therefore, we ask that you sign an agreement stating you will respect this confidentiality at all times. This is for everyone's safety.

Thank You.

I agree to abide by all confidentiality rules while volunteering at Rainbow House Domestic Abuse Services, Inc.

Name/Volunteer	Date	Staff/Witness	Date
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RELEASE OF ALL CLAIMS

I, _____, from the city of _____, State of _____, in consideration of the personal benefits afforded to me through my service to and affiliation with the Rainbow House Domestic Abuse Services, Marinette, Wisconsin, do hereby personally assume all risks in connection with my service work at the Rainbow House, and I further release the Rainbow House, its officers, directors, employees, agents, and volunteers for any injury or damage which I may suffer during this work at the Rainbow House.

By signing this document, I am releasing the Rainbow House from all risks connected with my service work, whether foreseen or unforeseen, which may result in injury, death, or other damages to me and/or my family, estate, heirs, or assigns, arising out of my involvement and/or service work at the Rainbow House, whether on site or while traveling in my own or others' vehicles in performance of service work for Rainbow House.

I understand the terms contained in the release are contractual in nature, and not a mere recital. I further state that I have signed the document of my own free will, on behalf of myself.

I understand that I am given an opportunity to review the policies and procedures of the Rainbow House, as well as the facility itself, and can review a copy of the Rainbow House guidelines and grievance procedure, upon request, and further understand that the Rainbow House does not act as a guarantor or insurer for my personal safety. I understand that there can be individuals which may use and/or stay at the Rainbow House at any given time, and that the Rainbow House makes no representations and/or warranties regarding the behavior and/or actions of these individuals.

In witness whereof, I have excused this affirmation and release in Marinette, Wisconsin on this date

Signature	Date	Witness/Staff	Date
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