



Gulf Coast Women's Center for Nonviolence, Inc.

P. O. Box 333
Biloxi, MS 39533
(228) 435-1968 Crisis Line
(800) 800-1396 Crisis Line
(228) 436-3809 Office
(228) 374-4031 Office
(228) 435-0513 Fax

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Events | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Deliveries | |
| <input type="checkbox"/> Phone bank | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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	

MUTUAL COMMITMENT/CONFIDENTIALITY STATEMENT

1. The Sexual Assault Crisis Intervention Program agrees to:
 - a. Provide thorough training of its volunteers
 - b. Provide supervision of volunteer work
 - c. Provide available consultation to on-duty volunteers at all times
 - d. Provide qualified personnel to deal with difficulties encountered by volunteers which may interfere with their relationship to the Center
2. As a volunteer for the Sexual Assault Crisis Intervention Program, I agree to:
 - a. Complete mandatory initial training
 - b. Attend all sessions or complete compensatory requirements
 - c. Participate in any additional training deemed necessary
 - d. Accept staff's final decision regarding my involvement with the Sexual Assault Crisis Program
3. Work as a volunteer for a minimum of one year
 - a. Acquire at least 12 hours of continuing education in the form of in-service training, conferences and additional training provided by the Gulf Coast Women's Center for Nonviolence
4. Perform my on-call duties diligently and responsibly
 - a. Arrange for replacement volunteer if I am unavailable during my scheduled week
 - b. Advise staff immediately if any difficulties arise in meeting my agreed-upon conditions
 - c. Respond to calls promptly and professionally
 - d. Complete all necessary paperwork and mail it to the Sexual Assault Specialist in a timely fashion
5. Treat with confidentiality **any** information about any person who contacts the Center for services, including any person I may come into contact with on a sexual assault call, as well as medical, social service, legal or other records. I agree not to discuss or divulge any information related to Center business or to any individual I see on behalf of the Center with anyone other than the appropriate Center personnel. I understand that breach of confidentiality is grounds for immediate dismissal.
 - a. Exercise great care in protecting the Center's records from any scrutiny by unauthorized persons (persons other than appropriate Center staff).
 - b. Uphold the ethical, legal and procedure standards of the Gulf Coast Women's Center for Nonviolence and its Sexual Assault Crisis Program. I am aware that breach of such is cause for immediate dismissal.

Volunteer

Date

Staff Member

Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.