



*The lifeline for victims of family violence*

I \_\_\_\_\_ understand the importance of confidentiality  
(Volunteers Name)

in all matters pertaining to the Columbus Alliance for Battered Women, Inc. d/b/a Hope Harbour.

My signature on this statement assures that I will not:

Disclose the location of the shelter to any person unless directed to do so through the agency or by my supervision.

Disclose information regarding client names, records or other client information to any person unless directed to do so through agency policy or by my supervisor.

Disclose other confidential agency information to any person unless directed to do so through agency policy or by my supervisor.

Visitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Columbus Alliance for Battered Women, Inc. d/b/a Hope Harbour  
Volunteer Application**

\_\_\_\_\_

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Date Of Birth</b>
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\_\_\_\_\_

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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\_\_\_\_\_

<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
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<b>Employer</b>	<b>Position</b>
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\_\_\_\_\_

<b>Emergency Contact/Relationship</b>	<b>Contact Number</b>
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Which method of communication do you prefer? *(Mark all that apply)*

\_\_\_\_\_ Phone      \_\_\_\_\_ Email      \_\_\_\_\_ Mail

**When would you be available to volunteer?**

*(Please give approximate time for each day)*

Example: 10-12 on Mondays

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

**Applicant Agreement**

I authorize Hope Harbour to make an inquiry into the statements made by me on this application and relevant information in the volunteer consideration process. I also authorize inquiry to be made concerning information on character, general reputation, work history, arrest record, and eligibility to work in the United States. I acknowledge and agree that any falsification, misrepresentation or omission of facts, will, at the option of Hope Harbour, result in making this application null and void, and will, if I become associated on a voluntary basis, result in termination of my voluntary association. I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate Hope Harbour to extend association on a voluntary basis. This certifies that statements given on this application are true and complete to the best of my knowledge.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature	Date
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**Columbus Alliance for Battered Women, Inc. d/b/a Hope Harbour  
Volunteer Application**

*Hope Harbour, Inc. is a voluntary affiliation organization that complies fully with all State and Federal Laws prohibiting discrimination because of age, sex, race, religion disability, veteran status, sexual orientation, or national origin and laws pertaining to eligibility to work in the United States.*



# CJCC

Criminal Justice Coordinating Council



## Volunteer Contract VOCA/VAWA Grants

I, \_\_\_\_\_, as a volunteer for Hope Harbour agree  
Please Print Please Print  
to the following:

1. Work a schedule mutually acceptable to the agency and volunteer;
2. Become thoroughly familiar with the policies and procedures set forth by the agency;
3. Be prompt and reliable in reporting to work and keep an accurate record of hours worked by signing in and out on the appropriate forms;
4. Attend orientation and training sessions, as required, and undertake continuing education provided by the agency as necessary to maintain competence;
5. Provide the Volunteer Coordinator advanced written notice of resignation or requesting leave of absence;
6. Notify the program staff as early as possible if unable to report to work;
7. Perform with dignity and caution when acting as a representative of the agency;
8. Avoid entering into any agreements with third parties or assuming any third party responsibilities on behalf of the agency;
9. Maintain confidentiality of all client information and all other information deemed confidential by the agency;
10. Maintain the security of the agency at all hours and help promote the safety of other volunteers, program staff, and clients;
11. Assist in any temporary job assignments outside those specified in the particular job description should it be beneficial to the agency and within the scope of the volunteer's time or skills;
12. Treat other volunteers, program staff, and clients with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disability, gender, or age.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**This contract is valid for 1 year**