

Unbroken.me Volunteer Application

216 Bradenton Avenue, Dublin OH 43017 Office:1-877-250-3655 ext. 101 Fax:1-877-622-9328

Name _____

Home/Work Address _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Date of Birth: _____

Current Occupation: _____

Employer/School: _____

Title/Major: _____

Education Completed: High School College Graduate School Other: _____

Foreign Language: _____

Ethnicity (optional): _____Caucasian _____Black _____Hispanic _____Asian _____Other: _____

Interest & Skills: _____

Previous Volunteer Experience: _____

Please list other organizations that you are involved in or are a member of (civic, church, professional, etc.): _____

Please indicate the volunteer positions in which you are interested in participating:

1st choice: _____

2nd choice: _____

Time Available:

1st choice: Day: _____ Time: _____

2nd choice: Day: _____ Time: _____

Reason seeking volunteer position:

_____ Personal Fulfillment

_____ Professional Development

_____ Community Service Requirements

_____ Extra Time

_____ Requirements for a degree/class

_____ Other: _____

If volunteering for coursework or court ordered community service, please indicate the numbers of hours needed:

Volunteer Agreement

I, _____, agree to serve as a volunteer for unbroken.me of and commit to the following:

1. To serve a minimum of 30 hours and a minimum of 8 weeks (may not apply to Interns, Special Projects, or Interest Groups).
2. To perform my volunteer duties to the best of my ability.
3. To adhere to agency rules and procedures, including record keeping requirements and maintaining the confidentiality of the shelter location and staff, agency and client information.
4. To meet me agreed upon time and duty commitment, or to provide 24-hour notice to the volunteer coordinator or direct supervisor so that alternative arrangements can be made.
5. To act at all times as a member of the team responsible for accomplishing the mission of the agency and to attempt at all times to be non-judgmental in dealing with others and to promote client self-determination.
6. To communicate with the Volunteer Coordinator and change in the status of my volunteer commitment.

Unbroken.me commits of the following:

1. To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To provide support, supervision and any necessary evaluations to the volunteer.
3. To promptly discuss any problems, questions, or comments that may arise.
4. To inform volunteers of any changing policy that may affect their work area.

I hereby authorize unbroken.me to release information concerning my dates of service and performance to future employees and /or other agencies where I may seek volunteer placement.

Volunteer Signature: _____ Date: _____

Volunteer Emergency Information

Please list below persons to notify in case of emergency:

- | | | |
|---|----------------|---------------------|
| 1 | Name: _____ | Phone: _____ |
| | Address: _____ | Relationship: _____ |
| 2 | Name: _____ | Phone: _____ |
| | Address: _____ | Relationship: _____ |
| 3 | Name: _____ | Phone: _____ |
| | Address: _____ | Relationship: _____ |

Please indicate any special needs, restrictions or medical conditions of which we should be aware of when

How did you learn about the unbroken.me Volunteer Program? _____

Are you currently receiving counseling or any assistance from unbroken.me? _____

Yes _____ No _____ If yes, please explain: _____

Why have you chosen unbroken.me over other volunteer opportunities? _____

What are your strengths that will add to our services? _____

Do you have and personal weakness that might interfere with your effectiveness as a volunteer? _____

Have you ever had a personal experience involving any of the following? (Optional)

A. Domestic Violence _____

B. Child Abuse _____

C. Sexual Assault _____

D. Incest _____

E. Juvenile Court System _____

F. Criminal Court System _____

G. Psychotherapy/Counseling _____

What do you hope to gain from your experience with unbroken.me? _____

Have you ever been convicted of a felony or misdemeanor in the last seven years?

Yes _____ No _____ If yes, please explain _____

(Such a conviction may impact placement, but may not prohibit you from volunteering)

Volunteer Photo Release

UNBROKEN.ME

I, _____, give my consent for myself to be photographed and / or interviewed by a media outlet. It is my understanding that none of the photographs will be used to endanger or exploit me. I release unbroken.me from any expectation of confidentiality and I understand that once a media outlet interviews or photographs me, unbroken.me has no control over the resulting article/story/photo and it can be shown on television, talked about on the radio, printed in a newspaper or magazine or be published on a website.

Signature: _____

Date: _____

Unbroken.me

BACKGROUND RELEASE FORM

In connection with my application for a volunteer position, I understand that investigative reports which may contain public record information may be requested or made on me including criminal records, driving records, education, prior employer verification, workers compensation claims and others. Further, I understand that you will be requesting information from various Federal, State, Local or other agencies contain my past activities.

I hereby authorize without reservation, and party or agency contacted by this volunteer placement to furnish the above-mentioned information. I have a right to make a request of Public Data Background Checks, upon proper identification. I further authorize ongoing procurement of the above-mentioned reports at any time during my volunteer placement.

I hereby consent to your obtaining the information from Public Data and/or any of their licensed agents. I understand to aid in the proper identification of my file or records the following information, as well as other information is necessary. I also consent to you providing information received from Public Data and/or other agents or sources, as well as my testing/screening results for potential volunteer placement purposes.

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____

FOR IDENTIFICATION PURPOSES

Date of Birth: _____ Race: _____ Gender: _____

Former Names: _____

University/College: _____ Campus: _____

City/State: _____ Type of Degree: _____

Signature: _____ Date: _____

PLEASE LIST ON THE BACK OF THIS FORM, FORMER ADDRESSES OUTSIDE THE OF OHIO AREA IN WHICH YOU HAVE LIVED OR WORKED FOR THE PAST 5 YEARS.

Prospective Volunteer Advocate Profile

Date: _____

Contact Information

Name _____

Street Address _____

City ST ZIP Code _____

Cell Phone _____

E-Mail Address _____

Employer/School _____

How did you learn about the Unbroken.me volunteer advocate program?

____ Ohio Association of Nonprofit ____ Internet. _____

____ The Nonprofit Times ____ Teacher/Professor

____ Friend/Family Member ____ Other: _____

References

Please list three people not related to you whom we may contact for a character reference (one must be a current/previous employer, professor, teacher or previous volunteer supervisor). If employed, may we contact your present employer?

Name _____

Relationship _____

Email Address _____

Phone _____

Name _____

Relationship _____

Email Address _____

Phone _____

Name _____

Relationship _____

Email Address _____

Phone _____

Previous Volunteer Experience - Summarize your previous volunteer experience (including length of service, organization, position).

Why do you want to volunteer with Unbroken.me?

What is your knowledge around the issue of domestic violence?

Describe any persona, professional or educational experiences that you feel are relevant to volunteering with Unbroken.me.

List three adjectives that describe you.

Are you able to commit to 2-4 hours per week (minimum of 8 hrs. month) of volunteer service with Unbroken.me?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it is true and complete. I understand that if I'm accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal or ineligibility for Unbroken.me volunteer advocate program. I understand that Unbroken.me is not obligated in any way to accept me into the training program by submission of this application.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of Unbroken.me to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preferences, age or disability.

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