



VolunteerApplication

Completing an application does not guarantee placement as a volunteer.

Name: _____ Today's Date: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Place of Employment: _____ Position Title: _____

Name of Supervisor (May be contacted): _____ Phone: _____

<p>Are you at least 20 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have access to a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Why are you interested in volunteering with BRCC? _____

Where did you hear about this opportunity? _____

What experiences, skills, special education, or interests do you have that might help you work with victims of sexual violence? _____

What strengths or abilities do you have that would make you an effective volunteer? _____

Have you or has a family member ever been seen as a client at BRCC? _____

List three obstacles that might impede a victim from seeking help: _____

How much time per month are you able to provide volunteer services for BRCC? _____

As a volunteer, you would be required to attend periodic meetings. These meetings are used, in part, as ongoing training. Are you willing and able to attend? Yes No

As a volunteer, you may be needed at late hours and/or on weekends. Do you believe this will create a problem? Yes No If so, please explain. _____

Are there any calls/clients that you can anticipate might be difficult for you to deal with? Yes No
If so, please explain. _____

Sexual assault affects people of all backgrounds. With which three (3) groups would you anticipate having the most difficulty working?

- | | |
|---|---|
| <input type="checkbox"/> People of another race/ethnic background | <input type="checkbox"/> People with a physical disability |
| <input type="checkbox"/> People of a different gender than me | <input type="checkbox"/> People with a mental disability |
| <input type="checkbox"/> People under 18 years of age | <input type="checkbox"/> People who actively use alcohol and/or drugs |
| <input type="checkbox"/> Seniors/Older adults | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> People of a different sexual orientation than me | |

For what reasons? _____

Please list three references (other than relatives or BRCC staff) that we may contact. One reference MUST BE a professional reference (e.g., present/previous supervisor, professor, etc.):

Name: _____ Relationship to Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email (optional): _____

Name: _____ Relationship to Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email (optional): _____

Name: _____ Relationship to Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email (optional): _____

Certification of Applicant

Have you ever been convicted, imprisoned, or fined for a felony? Yes No

If yes, please explain, giving date(s) and location(s): _____

I certify that all answers to the questions in this application are true, and I further understand that any false statement in this application will be sufficient grounds of rejection of the application or termination of employment/volunteer status without notice at any time hereafter. I agree to and authorize the Bluegrass Rape Crisis Center to complete a pre-employment drug screening and understand that a positive drug screening may result in rejection of the application. I further authorize the Bluegrass Rape Crisis Center to complete a criminal records check and a credit check if I have applied to a position subject to this requirement. I understand that the findings of a record check may be grounds for rejection of application or termination of employment/volunteer status without notice. I authorize the Bluegrass Rape Crisis Center to make all necessary investigations to verify information contained herein, and authorize and release from liability any and all references to provide information relevant to my application for employment/volunteering with the Bluegrass Rape Crisis Center.

Signature of Applicant

Date

Declaration of Confidentiality

In accepting my responsibilities as a volunteer with the Bluegrass Rape Crisis Center (BRCC), I, _____, hereby agree to treat as confidential all information about every BRCC client, as well as all medical, social and legal documents. I am aware that this information is confidential. If I receive identifying information that a minor child is currently or has been abused, under KRS 620, I must report this situation to my supervisor who will then report it to Child Protective Services. Following KRS 209 I will also report allegations of indicated adult abuse to Adult Protective Services per BRCC policy.

Any information shared by other staff and/or trainees in the context of training and/or the agency, shall remain confidential.

I further agree to exercise great care in protecting BRCC records from any scrutiny by unauthorized persons.

I understand that any breach of my above agreement will be considered reason for immediate termination of my association with the Bluegrass Rape Crisis Center.

Signature of Applicant

Date

Permission to Perform Background Check

I hereby allow Bluegrass Rape Crisis Center to perform a check of my background, including

- criminal record
- personal/professional references

and other persons or sources as appropriate for the volunteer positions in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer activities.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer activities and that all such information collected during the check will be kept confidential. Further, the information from this form will be destroyed once the background check is complete.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer activities and such other information, as they deem appropriate.

Signature

Date

Witness Signature

Date

Background Check Data

Name (First, middle, last): _____ Alias/Maiden: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ City, State, Zip: _____

Length of residency in Kentucky: _____

Applying as (check one): Volunteer Executive Board Employee

For office use only:

Background check complete?