

**HELPMATE ADVOCATE APPLICATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact her/him for a reference? \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a traffic offense? \_\_\_yes \_\_\_no

If yes, please explain: \_\_\_\_\_

**Note: Helpmate does a criminal background check on all volunteers/interns for the safety of our clients.**

**We do require that all applicants pay for the cost of this background check.**

Do you have any physical, mental health, or addiction issues which might affect your ability to perform some types of volunteer/intern activities? If yes, please describe: \_\_\_\_\_

Education or special training relevant to domestic violence or social services: \_\_\_\_\_

Please list any current or previous volunteer experience: \_\_\_\_\_

Do you speak any languages, other than English? If so, which? \_\_\_\_\_

Why are you interested in volunteering/interning with Helpmate? \_\_\_\_\_

Please respond briefly to the following statement: "When I hear of a battered or abused person, I feel . . .":

Do you have any personal experiences with domestic violence that you would like to share?

Any other information which you feel is relevant (attach additional sheets if necessary): \_\_\_\_\_

Please list two references who can attest to your sense of responsibility and your suitability for volunteer service, at least one of whom should be work- or school-related. Please do not include relatives. **Please give a reference form to the two individuals listed below. These forms can be returned directly to the Director of Outreach & Volunteer Programming and the contact information is on the bottom of the reference form.**

Name	Address	Phone	E-mail	Relationship
1				
2				

**Please place a check mark in the areas below that indicate your availability:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please circle the opportunities that interest you:

**Direct Service:** \* 24-Hour Hotline Advocacy \* Children’s Services

**Advanced Direct Service:** \* Case Management Support

*Please note that this advanced service opportunity requires an initial period of hotline advocacy & an interview prior to being accepted for this specialized volunteer/intern position.*

**Non-direct Service:** \*Reception/Shelter Assistance \* Fundraisers/Education/Awareness Events  
 \* Facility/Grounds Assistance \* Accounting Support  
 \* Community Educator (adult groups) \* Family Justice Center Reception Assistance  
 \* Preventive Educator (middle/high school age groups)

I understand that in order to become a Helpmate volunteer/intern, I must successfully complete the training appropriate for my volunteer position, be available for on-going training, and adhere to the philosophies and policies of Helpmate, Inc.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note how you heard about Helpmate:**

- |   |  |
|---|--|
| 1. Radio _____ Which station? _____           | 5. Flyer/brochure _____ What location? _____ |
| 2. TV _____ Which channel? _____              |  |
| 3. Newspaper _____ Which paper? _____         | 6. Website _____ Specify: _____              |
| 4. Volunteer organization _____ Specify _____ | 7. Other _____ Specify: _____                |

## **Oath of Confidentiality**

As a potential Volunteer with Helpmate, I realize the importance of maintaining confidentiality at all times. Breaking confidentiality could place others in danger.

Therefore, I hereby agree to maintain that confidentiality at all times. I will not discuss anything related to clients who are served by Helpmate. I understand that any breach in that confidentiality is grounds for immediate dismissal from Helpmate.

\_\_\_\_\_  
Volunteer Advocate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Helpmate Representative

\_\_\_\_\_  
Date

(\*please note this representative does not need to witness the signature above)

Acceptance of Notice and Waiver

I have applied to serve as a Volunteer Advocate on behalf of victims of family violence. In performing my role as a Volunteer Advocate, I will be working closely with Helpmate, Inc. I recognize and understand that in performing my role as a Volunteer Advocate, I may be faced, from time to time, with dangerous or possibly dangerous situations. I fully recognize the risks involved, but I am willing to assume these risks and responsibility for any and all possible repercussions of my actions as a Volunteer Advocate.

I hereby state that I will, in all events, use extraordinary care to avoid placing myself or anyone else in danger of physical violence or any other sort of harm. I agree to leave any and all possible violent confrontations up to the police and those who are trained to handle actual physical violence.

I am aware that Helpmate, Inc. does not carry motor vehicle liability coverage for Volunteer Advocates, and that the transporting of clients or goods on behalf of Helpmate is a voluntary option that I may refuse. Should I choose to transport Helpmate clients or goods, I will assume responsibility for their coverage by my current insurance policy. I will submit current proof of my insurance upon request of Helpmate.

In full recognition and support of all of the above, I do hereby waive any and all rights of action I may or might have against Helpmate, Inc., by reason of any harm or injury which may befall me or any of my property due to my performance in my role as a Volunteer Advocate. I hereby further agree that I will indemnify and hold harmless Helpmate, Inc., for any loss which Helpmate might sustain from any claim or from any person arising from or out of my performance or actions as a volunteer for Helpmate.

I acknowledge that I have carefully read this document on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Volunteer Advocate**

\_\_\_\_\_  
**Helpmate Representative**

(\*please note this representative does not need to witness the signature above)

APPLICANT RELEASE FORM

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR  
HELPMATE APPLICATION:

I understand it will be necessary for Helpmate, Inc. to investigate my background and to check my character references. I hereby give my consent for this information exchange and authorize such agencies to release any information requested by Helpmate, Inc.

I understand that this release will include my character references, law enforcement agencies, and any other person or agency that may be appropriate for gathering information.

I understand that I will be responsible for the payment related to processing my criminal background check. The details of this payment (cost, when it is due, etc.) will be explained prior to starting Helpmate's volunteer training program.

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

Printed Full Name of Applicant \_\_\_\_\_

Previous Names \_\_\_\_\_  
\_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

## HELPMATE VOLUNTEER REFERENCE FORM

1. Name of volunteer applicant:
2. Name of person completing this form:
3. Please describe your affiliation with the applicant:
4. Length of association:
5. Using the following scale (circle appropriate number), please rate the applicant on these characteristics:

	<u>Poor</u>	<u>Fair</u>	<u>Average</u>	<u>Above Average</u>	<u>Excellent</u>
Reliability	1	2	3	4	5
Judgment	1	2	3	4	5
Sincerity	1	2	3	4	5
Ability to interact with others	1	2	3	4	5
Temperament	1	2	3	4	5
Sensitivity	1	2	3	4	5
Empathy	1	2	3	4	5
Respect for diverse populations	1	2	3	4	5

6. Volunteer advocates for Helpmate provide a variety of assistance and support to victims of domestic violence. Do you feel that the volunteer applicant could, with proper training and supervision, fulfill this role within our organization? Why or why not?

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7. Are you aware of any problem that the volunteer applicant may have which could interfere with their performance as a volunteer advocate? If so, please describe.

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8. Any other comments you think are important:

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9. May we contact you if we have any questions about your answers?    Y    N

Daytime phone \_\_\_\_\_ e-mail \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time and consideration.*

Please return this form to Christy Price, Director of Outreach & Volunteer Programming.  
 PO Box 2263; Asheville, NC 28802  
 Fax: 828-412-5290; Email: [cprice@helpmateonline.org](mailto:cprice@helpmateonline.org)

