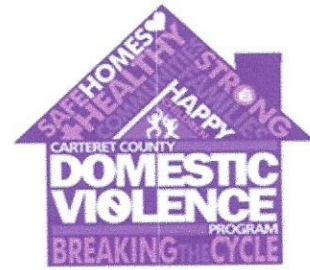


Volunteer Application

Carteret County Domestic Violence Program, Inc.
PO Box 2279
Morehead City, NC 28557
Office 252-726-2336
www.CarteretDomesticViolence.com



Information

Name	
Street Address	
City ST ZIP Code	
Contact Phone/ Alt Phone	
E-Mail Address	
Date of Birth	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination

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.

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

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	

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.

Confidentiality Statement: Board, staff and volunteers shall be committed to principles of sound professional conduct in every relationship and operation under the aegis of CCDVP, Inc. The principle of confidentiality is extremely important and must be respected by staff, volunteers and board members. The following Statement has been approved by the board of directors in regards to staff, volunteers and board members.

The employee, volunteer and board member understands that all information acquired from or about a client of CCDVP, Inc. or about any agency affairs is confidential. The employee/ volunteer/ board member agrees that she/he will not divulge any information regarding a client to any individual, organization, or agency for any reason without a "Release of Information" signed by the client and then only as stipulated in the "Release of Information". Excluded from this stipulation shall be necessary communication of client information to designated staff, consultant, and /or other relevant persons to whom communication is necessary to properly serve the client. Employees/ volunteers/ board members may not accept from clients personal gifts or gratuities valued at \$25.00 or more.

I, _____, agree to adhere to the confidentiality statement listed above. I further understand that failure to comply with the confidentiality statement of CCDVP will result in termination of employment, removal from volunteer position and/or removal from the CCDVP Board of Directors.

Signature: _____ Position: _____

Date: _____ Witness: _____

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Position: _____

Date: _____

Witness: _____