

VOLUNTEER APPLICATION

Victim Assistance Center and ACCESS-York, *programs of the YWCA York*



Name _____

Address _____

Phone _____ Cell _____

Email _____

Date of birth (optional) _____ Occupation _____

Employer _____

May we contact you at work? _____ If yes, what is the number? _____

Emergency contact _____ Phone number _____

Do you have access to transportation? YES _____ NO _____

Are you able to perform duties with or without accompaniment? If so, please explain.

Background

Please note if you have experience in the following areas:

_____ Worked with hearing impaired? _____ Know sign language? _____

_____ Worked with visually impaired? _____ Worked with mentally challenged individuals? _____

_____ Speak any additional language? _____

_____ Have counseling skills and training? _____

Are you currently a client of Victim Assistance Center or ACCESS-York, or have you been a client in the past? Yes No

Have you ever received criminal charges during last ten years? (summary, misdemeanor, felony) Yes No

If yes, what? _____

Do you have any experience or training in the sexual assault/domestic violence or victimization fields? If yes, where? _____

How did you learn about the Victim Assistance Center and/or ACCESS-York?

Volunteer background (most recent to least)

Organization _____

Position _____

Duties _____

Dates of volunteer work _____

Organization _____
Position _____
Duties _____
Dates of volunteer work _____

Why do you want to volunteer at Victim Assistance Center or ACCESS-York?

References (Please list two professional references).

Name _____
Address _____
Phone _____ Email _____
How long have you known this person? _____
How do you know this person? _____

Name _____
Address _____
Phone _____ Email _____
How long have you known this person? _____
How do you know this person? _____

PLEASE CHECK THE VOLUNTEER OPPORTUNITIES THAT INTEREST YOU. Selection of a specific opportunity does not guarantee that you will be used in that capacity. This section simply helps us to determine which opportunities interest you. You will be provided with additional information about the opportunities that you select. All opportunities below pertain to both Victim Assistance Center and ACCESS-York programs unless otherwise specified.

Indirect Service (requires some on-the-job training)

_____ Cleaning/Organizing/Inventory
_____ Clerical/office duties
_____ Domestic violence & Sexual violence awareness planning
_____ Maintenance

Activities that require some educational training

_____ Speakers Bureau VAC & ACCESS-York
_____ Supervised Children's Advocate Assistant- ACCESS-York

Direct Service (requires 65 + hours of training)

_____ Hotline/ Emergency Response Advocate
_____ Hotline/Shelter coverage- ACCESS-York
_____ Hotline/Shelter coverage- Still Waters (Hanover)
_____ Legal advocacy

VOLUNTEER AGREEMENT

YWCA York

I hereby acknowledge that I have been given and understand information about volunteer responsibilities, volunteer guidelines, and the confidentiality contracts of Victim Assistance Center and/or ACCESS-York, programs of the YWCA York. I agree that I shall be responsible for maintaining the confidentiality of Victim Assistance Center and/or ACCESS-York therein.

____ (Initial) I understand that completing the volunteer training does not guarantee that I will be considered for direct service.

____ (Initial) I fully understand that failure to adhere to this agreement could result in termination of my volunteer services to VAC and/or ACCESS-York.

____ (Initial) Further, I hereby grant full permission to the aforementioned persons and organizations to use my name and/or picture in any newspaper, photograph, video tape, motion picture, recording, or any other account of this event for any purpose whatsoever.

Volunteer Signature _____ Date _____

Volunteer Coordinator Signature _____ Date _____



CONFIDENTIALITY AGREEMENT

Victim Assistance Center and ACCESS-York, *programs of the YWCA York*



As a volunteer Advocate for the Victim Assistance Center and/or ACCESS-York, both programs of the YWCA York, I agree to comply with the agency's confidentiality policy.

I understand that I must not reveal the names of clients or discuss the details of their situations with anyone except for purposes of case management and supervision with other Victim Assistance Center and/or ACCESS-York personnel. I realize that to relate specific problems of a program participant, even though the name of the participant may not be directly revealed, may at times lead to the eventual disclosure of the program participant's identity. I promise to avoid speaking of any program participant's problem in any manner which would even remotely risk revealing the identity of that program participant.

I agree to avoid speaking of any program issues in any manner which would possibly risk jeopardizing the integrity or well being of the Victim Assistance Center and/or ACCESS-York programs.

I understand that a breach of confidentiality is a serious infraction of the agency policy and may jeopardize the validity and interpretation of the Pennsylvania statute. Such a breach can result in termination of my association with the Victim Assistance Center and/or ACCESS-York as well as legal liability from the affected client and his or her family.

I fully understand that failure to adhere to this agreement could result in termination of my services to Victim Assistance Center and/or ACCESS-York as a volunteer.

Volunteer Signature _____ Date _____

Volunteer Coordinator Signature _____ Date _____



VOLUNTEER PROGRAM POLICY AND PROCEDURE VOLUNTEER FACT SHEET

Victim Assistance Center and ACCESS-York, *programs of the YWCA York*

PURPOSE: Provide an opportunity for individuals to contribute to the ACCESS-York and Victim Assistance Center's (VAC) program through voluntary services for victims of all violent crimes, including sexual and domestic violence, enabling the staff to provide more comprehensive services to the clients; expand community awareness of violence issues and the services provided by both victim-centered programs.

PHILOSOPHY: Volunteers are a vital part of the ACCESS-York and Victim Assistance Centers programs and are active in many facets of the program. Both programs strive to match the interests of volunteers with the needs of the programs. Volunteer input brings fresh ideas to ACCESS-York and Victim Assistance Center.

SELECTION & SCREENING: Volunteers usually apply or are actively recruited through newspaper articles, the York County Volunteer Center, presentations to community groups, and awareness events. Screening takes place at the initial interview where the Volunteer Coordinator and prospective volunteer work together to determine what each program has to offer and what the volunteer's abilities, interests and expectations are. Additional screening takes place through educational and on the job training. A true commitment to the mission of both programs is required. References are requested and checked during the application process. All volunteers who wish to provide direct service must complete the Pennsylvania Child Abuse Clearance and the Pennsylvania Criminal History Check.

TRAINING: Formal educational training sessions are held two times a year. Evening sessions are conducted in the Spring, and a daytime training session is held in the Fall. Each training session combines elements of both programs, including sexual violence, and domestic violence. Any volunteer who wishes to work directly with victims and their children must complete the training.

In order to ensure volunteers have the most current information, both ACCESS-York and Victim Assistance Center shall make available at least eight additional hours of training on an annual basis. Ongoing training will be provided for volunteers through educational programs at volunteer meetings and appropriate staff in-services.

PLACEMENT: Volunteer placements are implemented to achieve the best possible match between the volunteer's abilities and interests and the needs of the ACCESS-York and Victim Assistance Centers programs. Opportunities for volunteers are varied and range from structured children's activities to clerical assistance; from front desk coverage to client assistance; from victims' advocacy to community education. In addition, more specific opportunities may be available in an effort to utilize the special talents of volunteers.

MONITOR/EVALUATE: Volunteers are evaluated by the Volunteer Coordinator during the Counselor/Advocate Training. Volunteers are monitored and evaluated by their supervising staff for each particular volunteer opportunity. Volunteers call or e-mail the Volunteer Coordinator with update information after events. Staff remains in contact with the Volunteer Coordinator regarding the efficiency and dependability of the volunteers.

Volunteer Signature _____ Date _____

Volunteer Coordinator Signature _____ Date _____



