



Safe Space, Inc.

Domestic Violence & Sexual Assault Program

P.O. Box 594 Butte, Montana 59703 (406) 782-9807 A United Way Agency

VOLUNTEER APPLICATION

It is Safe Space policy that following submission of the application any eligible applicant consent to a criminal background-check, as well as provide two personal references and one professional reference, before volunteering at Safe Space. Additionally, Safe Space policy requires all volunteer advocates that are DV/SA survivors to have been separated from abusive situations for a minimum of two years when applying for volunteer positions that would include contact with victims seeking services from Safe Space.

Name:	SSN:
Address:	Email:
Home Phone: ()	Work Phone: ()

Do you have a current driver's license?	Y	N
Do you own a vehicle?	Y	N
Do you have liability insurance?	Y	N
Did you have any driving citations in the last 3 years?	Y	N

PLEASE CHECK AREAS OF INTEREST:

	On-Call Crisis Worker: This involves a rotating schedule. The shifts of obligation will be chosen by you at your convenience. Back-up is always available for any questions or concerns.
	Office Assistant: This involves coming into the shelter to assist with answering the crisis line, general office duties, and getting to know the routines of the shelter.
	Special Projects/Events: This involves assisting staff with presentations (i.e. public speaking, community events, community awareness activities, and educational projects).
	Maintenance: This involves assisting staff with general maintenance of the shelter (i.e. snow removal, fixing doors/windows, changing light bulbs, lawn care).
	Other:



Please list any personal qualities/characteristics you feel would benefit Safe Space through the contribution of your time.

What is one reason that you would like to volunteer for Safe Space?

What personal benefits do you anticipate as a result of actively volunteering at Safe Space?

Community involvement (Current and Past):

What personal growth have you experienced resulting from involvement with previous volunteer positions?

Hobbies/Special Interests:

Signature _____ **Date:** _____



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Release of Information

Please include two (2) Personal References

Name: _____

Address: _____

Telephone: () _____

Relationship: _____

Name: _____

Address: _____

Telephone: () _____

Relationship: _____

Please identify one (1) Professional References

Name: _____

Address: _____

Telephone: () _____

Relationship: _____

I understand it will be necessary for Safe Space to check my character references. I hereby give my consent for this information exchange and authorize above references to release any information requested.

Signature _____ ***Date:*** _____



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***AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS TO
SAFE SPACE DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM***

SAFE SPACE IS HEREBY AUTHORIZED AND DIRECTED TO REVIEW AND OBTAIN COPIES OF MY CRIMINAL HISTORY RECORDS, IF ANY. I FULLY UNDERSTAND THAT THE SIGNING OF THIS AUTHORIZATION FORM BY ME SHALL RELIEVE SAFE SPACE AND AUTHORIZED AGENCY OF ANY RESPONSIBILITY OR LIABILITY UNDER STATE OR FEDERAL PRIVACY LAWS TO THE COLLECTION, RELEASE AND/OR USE OF THE CRIMINAL HISTORY INFORMATION.

NAME:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
SSN:	
DRIVER'S LICENSE STATE & NUMBER:	
APPLICANT SIGNATURE:	
DATE:	
WITNESS SIGNATURE:	
DATE:	



**SAFE SPACE
DOMESTIC VIOLENCE &
SEXUAL ASSAULT PROGRAM**

P.O. BOX 594 BUTTE, MONTANA 59703 406-782-9807 UNITED WAY AGENCY

CONFIDENTIALITY AGREEMENT

It is of utmost importance that all information concerning the clients and any information pertaining to them by staff, the board, volunteers, and independent service providers be held in the strictest confidence.

Because Safe Space is entrusted with information of a sensitive nature, each individual utilizing and providing services with Safe Space must sign a confidentiality agreement so that the safety and privacy of the clients are ensured. I will neither discuss nor reveal any information regarding the clients or staff at Safe Space without prior written consent from the related party and informed consent for the Executive Director of Safe Space. I further understand that it is my responsibility to notify any of my employers or associates of this confidentiality agreement should those employers or associates be working with Safe Space.

Any breach in confidentiality by staff, board, volunteers, clients, or independent service providers may result in immediate termination of services provided or contracted by Safe Space.

I _____: (printed name and company, if applicable) understand and agree to the above written policy concerning confidentiality.

Signature: _____

Staff Witness: _____

Date: _____