



STRENGTHENING RELATIONSHIP TRAINING

This application is for use ONLY by students who are completing the HCWC Advocate Training in order to satisfy the requirements for interning with the **Strengthening Relationships** program. If you would like to become a volunteer for HCWC you must fill out and submit a Volunteer Application. Please visit our website, www.HCWC.org, or contact the Volunteer Coordinator at (512) 396-3404 for more information.

Please return your completed application to:

**Volunteer Coordinator
HCWC
P.O. Box 234
San Marcos, TX 78667**

Submit your application prior to our scheduled training dates. Deadlines are:

**Fall – September 7, 2011
Spring – January 30, 2012
Summer – June 11, 2012
Fall – September 10, 2012**

Today's Date: _____

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Employer: _____ May we contact your work? Yes No

Please circle the best way to contact you weekdays, 9a – 6p? Work Home E-mail Cell

Emergency Contact: _____ Phone: _____

What university do you attend? _____

Undergraduate major _____ Graduate major (if applicable) _____

Expected graduation date _____

Who is your internship supervisor? _____

Phone Number _____ Email address _____

Are you bilingual? Yes or No

If yes, which language? _____ Speak Read Write

Are you a current or former client of HCWC? Yes No

If you were a former client, please tell us when _____

(If you are currently a client or have been a client, there is a one year waiting period before you are eligible to volunteer.)

Have you ever been convicted for a violation (other than routine traffic violation) or are you currently on deferred adjudication or probation? Yes No

If yes, please list and describe offense and when it occurred:

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Signature of Applicant

Date

HAYS-CALDWELL WOMEN'S CENTER
Volunteer Agreement of Confidentiality

The Hays-Caldwell Women's Center is committed to the safety and welfare of its clients. The Center is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety.

Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled, and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- Communications, information and observations made by, between or about adult and child clients, staff, volunteers, student interns and board members.
- Addresses of employment, residence and family addresses of clients, staff, volunteers, student interns and board members.
- Names of clients, staff, student interns and volunteers unless the individual provides written permission which is to be approved by the Executive Director.
- Photographs taken of clients, staff or volunteers.

Volunteers must never release confidential information, either over the phone or in person, about the Center and its clients without the express permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters or other interested parties.

I have read the Center's Agreement of Confidentiality and agree to abide by its conditions of confidentiality. I understand that these conditions apply to me as I serve as a volunteer and continue to be binding on me when I leave the Center, and that a violation may be grounds for termination of volunteer status and possible civil liability.

Signature of Applicant _____ **Date** _____

Traditionally, the names of the HCWC volunteers and their hours for a given year are posted in the annual report to the Board of Directors. Funders and other agencies may have access to this report. ***Initial if you would rather your hours posted as "Anonymous" in the next annual report.*** _____ Volunteer's names are usually posted in the newsletter that is published after the most recent advocate training. ***Please initial if you would rather not have your name posted in the newsletter.***

HAYS-CALDWELL WOMEN'S CENTER
Volunteer Release of Liability

The Hays-Caldwell Women's Center (HCWC) is unable to assume any liability on behalf of volunteers. Please read the following statements releasing HCWC from liability and indicate your understanding by your signature below.

LIABILITY RELEASE

I AGREE to respect the persons, privacy, and possessions of the clients, staff, and volunteers of the Hays-Caldwell Women's Center and to ensure that my children do the same.

I RECOGNIZE that I alone am responsible for my safety and health, the safety and health of my children, and the safety and health of any other persons who might accompany me. I alone am responsible for my (our) possessions. The staff and/or volunteers at HCWC cannot safeguard or be responsible for my children, our possessions, or me.

In respect to the services provided by HCWC to me and to those accompanying me, I UNDERSTAND that HCWC assumes no liability or responsibility whatsoever in connection with the services provided, for any act of omission or commission which might be constituted as negligence; nor for any loss, theft, or injury to persons or property; nor, during any transportation by staff, volunteers, or clients to or from any location; nor for any illness, damage, or inconvenience sustained by me, my children, or others accompanying me.

I AGREE to hold HCWC, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my children, or those accompanying me.

By signing below, I certify that I have read and understood the above release of liability.

Signature of Applicant **Date**