



Dear Potential Volunteer,

Thanks for your interest in volunteering with the Hays-Caldwell Women's Center. Volunteering is a very rewarding experience, and at HCWC, it's equally exciting!

Our Volunteer Team is absolutely essential to the life of our programs. We love our volunteers! They are the backbone of our success!

Volunteers at HCWC assist clients with crisis intervention and ongoing support, provide childcare for clients, help the staff with administrative tasks, and assist with fundraising and community events. Volunteers play an invaluable role in educating the community about our mission and services.

The people we serve are vulnerable and their safety is of paramount importance. To address this issue, HCWC screens employees and volunteers by conducting criminal background checks and reference checks. Information obtained is confidential as provided by law and will be used and retained only as authorized by law.

Below is an outline of how the process works, so you'll know what to expect!

- Complete your application and return to HCWC using the address below. Your application will be reviewed and an interview scheduled, if appropriate. The interview is a good time to see if your volunteer needs and expectations match up with our agency's needs.
- At the interview, you will receive two reference postcards. These must be returned before you volunteer.
- HCWC will evaluate your application, interview, references, criminal background check, and our agency needs to determine if volunteer placement is appropriate.
- All Volunteers who work directly with clients must attend Advocate Training.

If you would like more information about applying, please e-mail, info@hwc.org, or call 512.396.3404. You may also learn more about us through our website, www.hwc.org.

Please return your completed application to:

Attn: Volunteer Coordinator

HCWC

P.O. Box 234

San Marcos, TX 78667

P.S. Volunteering is a great way to get involved in the struggle to end family and sexual violence. Thanks!



VOLUNTEER APPLICATION

PLEASE PRINT ALL INFORMATION

Today's Date: _____

Name: _____

Address: _____
Street City State Zip

Cell Phone: _____ **Work Phone:** _____

Home Phone: _____ **E-Mail:** _____

Please indicate the best way to contact you weekdays, 9am – 5pm:

- Cell Work Home E-mail

Emergency Contact: _____ **Phone:** _____

Employer/Retired from: _____ **Title:** _____

Does your company offer matching funds or contributions for your volunteer service?

- Yes No **If yes, who is the contact person?**

Name: _____ **Phone:** _____

Have you previously volunteered or applied for employment with HCWC?

- Yes No

School: _____ **Course of Study:** _____

Are you volunteering to fulfill a class requirement or seeking an internship?

- Yes No

Are you over 18 years of age? Yes No

If under 18 years of age, please list Parent or Legal Guardian's name and daytime and evening phone numbers.

Name: _____

Daytime Phone: _____ **Evening Phone:** _____

Why do you want to volunteer at HCWC?

Please summarize your skills and qualifications that you feel could add value to HCWC:

Volunteer Experience (include current and previous activities / organization)

When can you volunteer? Weekdays Weekends Evenings

What languages do you speak? English Spanish Other _____

What languages do you read and/or write? English Spanish Other _____

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.)

How did you hear about volunteering with HCWC? Check all that apply:

- Special Event / Career Fair TV Radio Newspaper Employer Speaker
- School Our Website Volunteer Match TV Current HCWC Volunteer
- Other: _____

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 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 Volunteer Date Signature of Parent or Legal Guardian if under 18 years



Volunteer Confidentiality Agreement

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 Volunteer	Date

Signature of Parent or Legal Guardian if under 18 years	Date

Signature of HCWC Witness	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 be posted as "Anonymous" in the next annual report.** _____ Volunteers’ 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.** _____

