Domestic Abuse Women's Network
Volunteer Application

rising for domestic peace

Thank you for your interest in volunteering with Dawn! We look forward to receiving your application. Along with this application, please enclose a resume and a brief cover letter indicating what you bring to DAWN and why you want to work with us. We will contact you further to arrange a volunteer interview. Thank you!

Personal Information

Date	First Name	Last Name	Email Address
Please list previous names used in the last seven years	1. 2. 3.	1. 2. 3.	

Address: include the last 3 resident adresses	City	State	Zip

Home Phone	Best Time to Call	Cell Phone	OK to call cell?

Current Employer	Are you a veteran?
	☐ Yes ☐ No

What specific areas of volunteer service interest you?

☐ Board Committee	☐ Publicity	☐ Handyman Work
☐ Children/Youth Programs	☐ Public Speaking	☐ Other:
☐ Childcare	☐ Support Group Facilitation	
☐ Legal Advocacy	☐ Shelter Program	
☐ Office Support	☐ Special Events/Outreach	

What skills do you bring to DAWN?

☐ Fundraising	☐ Translation
☐ Graphic Design	☐ Interpretation
☐ Photography	☐ Community Education/Outreach
☐ Legal Advocacy/Law Pertaining to DV	☐ Computer Technology
☐ Event Planning	☐ Building Maintenance

☐ Other talents or skills? These could range from yoga instruction and painting to building maintenance and database creation. We encourage you to think creatively about how you can contribute. Some areas at DAWN are created because of talents that volunteers bring.

What is your availability?							
Are you able to commit to volunteering an average of 3 hours/week for 6 months? ☐ Yes ☐ No ☐ Maybe (please explain): _____							
Hours Available (check all times that you are available):							
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐
How did you hear about DAWN?							
☐ Social Media ☐ Friend/Family ☐ Staff ☐ United Way ☐ Website ☐ Event ☐ Other:							
☐ Former/Current Client of DAWN (If yes, indicate last date of service:)							

Emergency Contact Information

Please provide DAWN with an emergency contact:		
Name:	Relationship:	Phone:
Doctor's Name:	Phone:	

Experience and Language Skills

Briefly tell us about your past and present paid and unpaid professional experience that could relate to DAWN?	
Tell us about your language skills:	
English Fluency	☐ English is my **native language** ☐ English is **NOT** my native language. My level of **Speaking/Understanding** English is ☐ Basic ☐ Intermediate ☐ Fluent My level of **Reading/Writing** English is ☐ Basic ☐ Intermediate ☐ Fluent
Native Language (if not English)	My **native language** is _____ My level of **Speaking/Understanding** is ☐ Basic ☐ Intermediate ☐ Fluent My level of **Reading/Writing** is ☐ Basic ☐ Intermediate ☐ Fluent
Additional Languages	☐ I speak the following additional language(s): _____ My level of **Speaking/Understanding** is ☐ Basic ☐ Intermediate ☐ Fluent My level of **Reading/Writing** is ☐ Basic ☐ Intermediate ☐ Fluent
List any special training or education you have related to volunteering with DAWN: DVI101, college courses, etc.	

Authorization

To the best of my knowledge, the information included in this application is correct.

_____ _____ _____

Signature Date Printed Name

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Request for Criminal History Information

Child/Adult Abuse Information Act
RCW 43.43.830 - 43.43.845

Applicant of Inquiry (Please provide as much information as possible. *Starred items are mandatory.)

*Last Name	*First Name	*Middle Name (or initial)	Alias/Maiden Name(s)
***Legal Gender**	***Date of Birth (mm/dd/yyyy)**		**Driver's License Number/State**
☐ Female ☐ Male	/ /		/

***Please check the following:**

Yes No

☐ ☐ I have been convicted of a crime.

☐ ☐ I have had findings made against me in a civil adjudicative proceeding.

***Authorization**:

Please check the following:

☐ I authorize the Washington State Patrol to conduct a background investigation. I understand that all information gained through the investigation will be treated as confidential by DAWN.

☐ I acknowledge that an inquiry into my criminal background history will be made as part of a job or volunteer application screening with DAWN.

☐ To the best of my knowledge, the information included in this application is true and correct.

_____ _____

*Applicant's Signature (electronic permission OK) Date

_____

Printed Name

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Oath of Confidentiality

A Commitment to client, staff and DAWN confidentiality is a fundamental part of ensuring both safety and privacy. Signature on the Oath acknowledges an understanding of and an agreement with all of DAWN's policies and procedures relating to client, staff, volunteer, Board member and agency confidentiality. Furthermore, it constitutes a pledge not to breach these policies and an understanding that any violation will be considered actionable.

All information regarding past and present clients or service recipients of DAWN is confidential. No information can be given to any individual, group or organization to indicate whether or not any individual is, or has been, a client or service recipient at DAWN. Any requests for client information should be directed to the Program Manager or an Agency Director. A standard letter of verification that includes no service or confidential detail, along with a signed authorization by the client may be provided on behalf of a client. Past or present clients or other service recipients will not be discussed in a manner which may lead to the identification of individuals.

The locations of DAWN's service sites are confidential due to safety reasons. No information shall be provided to any person, group or organization which would disclose the location of any DAWN confidential service site, except in accordance with appropriate procedures devised for this purpose and based upon specific locations. It can, however, be acknowledged that all of the agency's service locations are in South King County.

No confidential files, records or other materials shall be transported to any location outside of DAWN's offices without the approval of a Program Manager or Agency Director. Confidential materials include, but are not limited to client files, all financial related documents, personnel and donor records, and any other proprietary information. All confidential materials shall be locked up when not in use and every effort shall be made to minimize the amount of time they are kept unsecured. Furthermore, no information related to these materials shall be divulged to any person, group or organization without the approval of an Agency Director.

Addresses and home telephone numbers of all staff, volunteers and Board members are confidential and cannot be given to any person, group or organization, including clients. Last names of staff, except the Agency Directors, shall not be shared with the public or with clients. Staff lists and rosters shall not be circulated internally or externally without the consent of the Human Resources Director.

I have read and agree to uphold all DAWN policies relating to confidentiality.

_____
Print Name

_____
Signature

_____
Company/Organization

_____
Date