



Dear Friend,

Thank you for your interest in volunteering with Turning Pointe Domestic Violence Services. We are a non-profit agency located in Mason County, WA that serves victims of domestic violence and their families. Our comprehensive continuum of community services, give victims of domestic violence an opportunity to realize, that violence does not need to be a part of his/her life.

Volunteers are an integral part of any nonprofit organizations' client services, community relations and governance. We recognize in today's climate that volunteers increasingly expect to be included in meaningful work that is clearly focused on Turning Pointe's mission. The Staff and Board of Directors are committed to include volunteers in program work whenever possible focusing on each person's talents, abilities and goals.

Please seriously consider the following information prior to completing the attached application.

- **Training Requirements:** Any volunteer working directly with clients as an Advocate must complete the State Required Volunteer Training consisting of approximately 20 hours. Turning Pointe will provide the required training hours and arrange for any additional training if needed for your volunteer position.
- **Commitment:** We ask volunteers to commit to a minimum of six months, this commitment does not have to be consecutive months and we are more than happy to work around your schedules. We do; however, have the expectation that you will follow through with a minimum of six months.
- **Duties and Responsibilities:** Each volunteer position requires a different time commitment and each offers a variety of duties and responsibilities. We support your desire for flexible time expectations and are considerate of your other obligations and commitments. Volunteering offers opportunities to enhance current programs, support staff and clients, pursue personal interests and make a difference in the community. Volunteers are not paid but are expected to perform in cooperation with the organization's staff and comply with Turning Pointe guidelines, policy and procedures, mission and values.

Attached please find a Turning Pointe Volunteer Application, Washington State Patrol background check, Oath of Confidentiality, and Volunteer Contract. Please mail your application to Attn: Program Coordinator, P.O. Box 2014, Shelton, WA 98584. Once your application has been received you will be scheduled an interview, at that time, I will explain how the agency works in greater detail and provide you with a list of volunteer opportunities. Thank you again for your interest, support and dedication.

Sincerely,

Terresa Morris,
Program Coordinator



Thank you for your interest in volunteering with Turning Pointe! We look forward to receiving your application. Please complete this application in full and return it to Turning Pointe, Attn: Program Coordinator, P.O. Box 2014, Shelton, WA 98584, fax it to 360.426.2922, or email it to terresa@qwestoffice.net.

Personal Information

Date	First Name	Last Name	Email Address		
Address		City	State	Zip	
Home Phone	Cell Phone	Best Time to Call?	Ok to Call at Work?		
Current Employer					

What is your availability?

- Flexible Hours
 Daytime
 Evenings
 Overnight
 Weekdays
 Weekends
 Holidays

What specific areas of volunteer service interest you?

<input type="checkbox"/> Board Committee <input type="checkbox"/> Committee Groups <input type="checkbox"/> Children/Youth Programs <input type="checkbox"/> Crisis Line Advocate <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Office Support	<input type="checkbox"/> Publicity <input type="checkbox"/> Public Speaking <input type="checkbox"/> Support Group Facilitation <input type="checkbox"/> Shelter Program <input type="checkbox"/> Special Events	<input type="checkbox"/> Other:
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What skills do you bring to Turning Pointe?

<input type="checkbox"/> Fundraising <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Legal Advocacy/Law Pertaining to DV <input type="checkbox"/> Event Planning	<input type="checkbox"/> Translation <input type="checkbox"/> Interpretation <input type="checkbox"/> Community Education/Outreach <input type="checkbox"/> Computer Technology <input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Other talents or skills? These could range from yoga or arts and crafts instruction to building maintenance and database creation. We encourage you to think creatively about how you can contribute.	



How did you hear about Turning Pointe?

- Turning Pointe Website Friend/Family Staff News Article Radio TV
- Former/Current Client of Turning Pointe (If yes, please note dates) Other:

Have you had any personal experience with family violence or child abuse within the last 12 months?

- Yes No
- If yes, please explain:

Experience and Language Skills

Briefly tell us about your past and present paid and unpaid professional experience. Please list your last four employers, the dates employed and your position.

Employer	Started	Ended	Position

Tell us about your language skills:

- English is my native language Yes No
- Speaking/Understanding Basic Intermediate Fluent
- Reading/Writing Basic Intermediate Fluent

What is your native language, if other than English? _____

- Speaking/Understanding Basic Intermediate Fluent
- Reading/Writing Basic Intermediate Fluent

Do you speak an additional language? Yes No If yes, what language is this? _____

- Speaking/Understanding Basic Intermediate Fluent
- Reading/Writing Basic Intermediate Fluent

List any special training or education you have related to volunteering with Turning Pointe:



Getting to Know You

What motivates you to serve as a volunteer at Turning Pointe?

What is your experience working with adults and children from various racial, economic, religious or other backgrounds? Are there any groups that you feel uncomfortable working with?

What have you found to be the most satisfying about volunteering? And the least satisfying?

What do you hope to gain from volunteering at Turning Pointe?

In your opinion, why do individuals batter?

In your opinion, what are the barriers survivors face when trying to leave an abusive relationship?

Are you comfortable working with people in crisis? What skills do you think are important in working with people in crisis?

Are there any restrictions which might impact your availability to volunteer with Turning Pointe, i.e. family, work or school?



References

Please provide three references that you have known for more than one year. One can be personal (not a relative) and the other two should be professional.

Name of Reference	Relationship	Length of Relationship	Phone Number	Email Address

Emergency Contact Information

Please provide Turning Pointe with an emergency contact:

Name:	Relationship:	Phone:
Doctor's Name:	Phone:	

Criminal History

Have you ever been disciplined or discharged for theft, fighting or assault by an employer?

Yes No If yes, please explain:

Have you ever been arrested, charged or convicted of any crime? Have you had your driver's license suspended or revoked?

Yes No If yes, please explain:

Are you seeking court-mandated community service hours?

Yes No If yes, please explain and detail the number of hours required:



Authorization

I authorize Turning Pointe to have access to my school and employment records to verify any statements contained in this application. In addition I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by Turning Pointe.

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

Signature

Date

Printed Name

If you are interested in volunteering in a position where you will interact directly with clients, i.e. on the crisis line or at the shelter, we require that you complete a minimum of 20 hours of initial basic domestic violence advocacy training before doing this work. Please contact Teresa Morris, Program Coordinator, at terresa@qwestoffice.net or 360 426-1216 for information on upcoming trainings.



REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

APPLICANT OF INQUIRY

(Please provide as much information as possible. Name and birth date are mandatory.)

Last Name	First Name	Middle Name	Alias/Maiden Name(s)
Date of Birth (m/d/yy)		Driver's License Number/State	

AUTHORIZATION:

I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by Turning Pointe.

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

Signature

Date

Printed Name



Oath of Confidentiality

The release of information pertaining to services provided to voluntary or involuntary clients at TPDVS shall be confidential, as a condition of acceptance to Turning Pointe

Board of Trustees Volunteer Program Employee Other

I, _____ (print name) agree not to divulge, publish or otherwise make known, except as authorized by law, any information regarding persons who have received or are now receiving, services at TPDVS such that any person who received such services is identifiable, or any other confidential information about clients, services or locations of such.

I recognize that unauthorized release of confidential information regarding clients, past, present or including the fact that a person has or has not ever received Turning Pointe Services may subject me to civil liability under the provisions of state law that any person may bring action against me should I willfully release information records.

I hereby agree to abide by the conditions regarding confidentiality as outlined above and stated in the law.

Signature

Printed Name of Witness

Date

Signature of Witness

Date

RCW.71.05.390
RCW.74.05.400
RCW.71.05.410
RCW.71.05.420
RCW.71.05.440



Volunteer Contract

As a volunteer/advocate with Turning Pointe Domestic Violence Services (TPDVS), you can expect the following:

- Pre-Service and on-going training through the year.
- Acknowledgement of you as an individual with valuable, unique abilities.
- Personal and professional support and on-call assistance at all times.
- Regular evaluations of your performance and the opportunity to in turn evaluate TPDVS training and services.
- The same respect regarding privacy, confidentiality, and non-discrimination that we extend our clients.

In return, as a volunteer/advocate you will be expected:

- To regard the safety of clients and their children as your primary obligation.
- Not to disclose to anyone other than TPDVS staff any specific or identifying information regarding calls, clients, ex-clients, their families or their situation.
- To respect individual privacy of all clients, volunteers, and staff.
- To give precedence to the agency Mission, Philosophy, and Responsibilities over your own when engaged in advocate activities.
- Not to discriminate for any reason including but not limited to: race or ethnic origin, religion, age, sex, or lifestyle.
- To treat clients with respect and support regardless of whether you agree with their choices or decisions.
- To complete 30 hours of on-going training each year.
- To give a minimum of 48 hours notice if you cannot fill your shift, except in cases of emergency.
- To refrain from alcohol and drugs when working at the agency or with clients.
- To complete all paperwork assigned.
- To adhere to the professional, ethical policy and procedures as expected of all staff.
- To be aware that every interaction with clients is an opportunity to model healthy ways of relating to others by demonstrating respect, direct, honest feedback and support.
- To be aware of my own needs and demonstrate healthy boundaries by not seeking friendship, favoritism, financial or sexual exploitation from clients.

I have read and understand the terms of this contract and I agree to abide by its provisions.

Signature

Date

Printed Name