

## **Thank you for your interest in volunteering!**

**By giving your time, you can make a lifelong difference in someone's life and have the satisfaction of knowing that you are doing your part to end Family Violence.**

Women In Need, Inc. is a multi-faceted non-profit organization with an employee base of less than 25 employees serving a three county area with a population of 96,000 people. In addition to giving shelter to certain clients, WIN also provided financial assistance for rent and utilities as well as food, clothing, school supplies and various other items to those who are in need. Based upon this fact alone, it is easy to see the need WIN has for volunteers.

As a volunteer, you have many options in deciding how you would like to help:

- Some volunteers are “people persons” and enjoy childcare; this enables people to participate in WIN’S services and group activities.
- Some may enjoy event planning or being involved with others in event planning efforts.
- Some have a gift for organization and are willing to do the “little things” that need to be done in order to keep an office or safe place running smoothly.
- Some may enjoy cleaning or pantry coordination.
- Some may have the ability to provide maintenance type duties that are required at the shelter and or offices.

We ask that you realize the importance of the role you choose to take and that you are willing to commit to this role for a discussed period of time. If you do not think that you can help very far into the future, but would like to participate in a short term project, this option is also available.

WIN is so happy to have you here and are so thankful for you!  
Together we can make a difference in the lives of those in our communities.

## Volunteer Information Sheet

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

\_\_\_\_\_ Business Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### What are your interests as a volunteer at Women In Need? (Circle as many as apply)

- Children's Activities/Child Care
- Pantry Coordinator
- Donations
- Event Planning
- Teen Violence Education
- Retail/Resale
- Fundraising
- Maintenance/Renovation
- Newsletter

### Previous Volunteer Experience:

Civic/Church Activities:

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Hobbies /Talents/ Special Activities:

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Best time and day(s) for you to volunteer: \_\_\_:\_\_\_AM to \_\_\_:\_\_\_PM

\_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F \_\_\_SA \_\_\_SU

### Emergency Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If volunteer is under the age of 18, a parent/guardian signature is required:

\_\_\_\_\_  
Parent/Guardian Signature

\*\*\*\*\*PLEASE PROVIDE A COPY OF YOUR PHOTO I.D.\*\*\*\*\*

## Volunteer Confidentiality Agreement and Waiver of Liability

\_\_\_\_\_ I understand that the clients of Women In Need, Inc. may be in danger if their whereabouts are discovered or if personal information is revealed to anyone outside the organization. By initialing each paragraph and signing below, I agree to the personal and legal obligation to keep all information regarding all other Women In Need clients confidential.

\_\_\_\_\_ I will keep confidential the names, addresses and telephone numbers of, and any other information about clients of Women In Need and their children and I will discuss this information only with personnel of Women In Need, Inc.

\_\_\_\_\_ I will obtain written consent from the client and written approval by Women In Need, Inc. personnel before I reveal information about that client and/or his/her family.

\_\_\_\_\_ I will keep confidential any discussion I have about or with a client and/or his/her family and make sure that I am not overheard by anyone.

\_\_\_\_\_ I will adhere to the standards and guidelines for confidentiality as set forth in this agreement even after I no longer in service at Women In Need, Inc. I further understand that I am strictly obligated to maintain confidentiality, even if a client or child no longer uses the services of Women In Need. Confidentiality needs to be maintained even in the unfortunate event of a client's or child's death.

\_\_\_\_\_ I understand that the only exceptions to this confidentiality agreement are if a client or child expresses intent to do harm to himself or herself or others, or if I learn of information or evidence concerning child abuse. If either of these cases occurs, I will notify a Women In Need staff member immediately. I will not attempt to deal with the situation myself.

\_\_\_\_\_ I do hereby agree to release Women In Need, Inc.'s personnel, the Board of Directors of Women In Need, Inc., as a whole and individually, from any liability for any injury or even which may occur as a result of my participation in anything involving Women In Need, Inc. **I UNDERSTAND THAT I CANNOT SUE** any of the above parties if I am hurt or injured while participating in anything involving Women In Need, Inc. I hereby state that any and all disabilities that I have are listed below: \_\_\_\_\_

\_\_\_\_\_ My signature below and the initialing of each of the paragraphs indicate that I have read this Volunteer Confidentiality Agreement and Waiver of Liability. I understand everything set out herein, agree to abide by everything set out herein and sign this Volunteer Confidentiality Agreement and Waiver of Liability voluntarily.

\_\_\_\_\_  
VOLUNTEER NAME – PRINTED

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

**IF volunteering in the area of childcare, please provide WIN with three references:**

**THANK YOU FOR MAKING A DIFFERENCE!**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_