



Hope House, in cooperation with the community, provides shelter and advocacy to people affected by domestic violence and sexual assault and works to prevent these issues through community education in Sauk, Columbia, Juneau, Marquette, and Adams Counties.

Dear Volunteer,

Thank you so much for expressing interest in volunteering for Hope House of South Central WI, Inc. Our volunteer program is one of the most important aspects of our organization as it allows our Domestic Violence, Sexual Assault, Youth, and Legal Advocates to focus their time on providing quality services to victims of abuse. In return you can become an important part of ending domestic violence and sexual assault in our communities. Every volunteer helps make a difference!

Volunteers need to complete Hope House's Volunteer Training Program and attend in-service meetings. Training will vary according to the type of service(s) you want to provide. Volunteers must be at least 18 years old and have the desire and ability to work with diverse populations. Given the nature of Hope House and its work, commitment and confidentiality is of utmost importance.

Please fill out the enclosed application. These completed forms should be filled out and sent to Volunteer Program at Hope House, PO Box 557, Baraboo, WI 53913 or delivered to our center at 720 Ash St., Baraboo, WI.

If you have any questions, please do not hesitate to call us. Again, thank you for helping Hope House in our mission to end domestic violence and sexual assault in our communities.

Sincerely,

Rhonda Parchem

Volunteer Coordinator

HOPE HOUSE OF SOUTH CENTRAL WISCONSIN, INC.

VOLUNTEER APPLICATION

720 Ash Street, Baraboo, WI 53913

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status as it relates to federal or state law.

NAME _____ DATE _____

ADDRESS _____ COUNTY _____

CITY, STATE, ZIP _____

PHONE #: HOME _____ CELL _____

EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

PHONE # _____

I would like to assist Hope House in the following capacities (check all that apply):

- Work with children
- Assist with shelter or house duties
- Work with adult clients
- Assist with office functions
- Hotline Responder
- Assist with maintenance duties
- Share talent or skill
- Other: _____

What **times** are you available during the week?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

TOTAL number of days/hours a month/week you would like to work? _____

Comments/Specific Requests: _____

WORK/VOLUNTEER HISTORY

Employer: _____ From _____ to _____. Paid or Volunteer? _____

Duties/Responsibilities:

Employer: _____ From _____ to _____. Paid or Volunteer? _____

Duties/Responsibilities:

EDUCATION/SPECIAL TRAINING

School attended: _____ # of years attended: _____

Graduated? ____ Yes ____ No Degree _____

Subjects studied that might relate to domestic/sexual violence:

School attended: _____ # of years attended: _____

Graduated? ____ Yes ____ No Degree _____

Subjects studied that might relate to domestic/sexual violence:

Please write a few sentences about yourself and what it is about Hope House or domestic/sexual violence that makes you want to volunteer?

Applicant's Agreement and Certification:

I authorize Hope House of South Central Wisconsin, Inc., to investigate my responses on this application and in my interview, and contact any or all of my former employers or any individuals familiar with me or my employment and volunteer background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my Employment and volunteer history.

I understand that, as part of the processing procedure for my volunteer application, an investigative report regarding my criminal record, including misdemeanors and traffic violations, will be completed. I also understand that if I am denied a position based on information included in that report, I will be supplied with a copy of that report.

This application for a volunteer position shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for a volunteer position beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any volunteer relationship with this organization would be an "at will" nature, which means that the volunteer may resign at any time and Hope House may discharge volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of being offered a volunteer position, I understand that false or misleading information given in my application or interview(s) may result in denial of being accepted or discharged. I understand, also, that I am required to abide by all rules and regulations of Hope House.

Signature _____ Date _____

Hope House is an Equal Opportunity Employer under an active Affirmative Action plan.

HOPE HOUSE OF SOUTH CENTRAL WISCONSIN, INC.

CRIMINAL BACKGROUND CHECK FORM

For the safety of the women, men and children we serve, Hope House conducts a criminal investigation check on all staff and volunteers. Note: Wisconsin's Fair Employment Law, s.111.31-111.295, Wis. Stats., prohibits discrimination because of a criminal record or pending charge, unless the record or charge substantially relates to the circumstances of the particular job or licensed job or licensed activity. For the purpose of an investigation, please answer the following questions:

1. Your full name (please include middle name):

2. Do you use any names other than the one listed above?
(Include maiden name if appropriate.):

3. Birth Date:

4. Social Security #:

5. Please list all states in which you have resided as an adult over 18 years of age:

6. Have you been convicted of any crimes within the last 10 years? (Include traffic.) Conviction will not necessarily disqualify an applicant from employment, however, it will be considered only as it may substantially relate to the position you are seeking.

If you answered "Yes" to item six, please indicate what other law enforcement or other agency was/is involved and what are/is the conviction(s) or pending charge(s) or circumstance(s). Please attach any additional information to this form if necessary.

Signature

Date

HOPE HOUSE OF SOUTH CENTRAL WI., INC.

VOLUNTEER REFERENCE FORM

Person applying for the position: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Relationship to applicant: _____

1. Please list applicant characteristics that will contribute to Hope House and volunteer duties:
2. Have you witnessed the applicant in a volunteer capacity? If yes, please describe:
3. Please state your experiences of witnessing the applicant working with others:
4. Please list any other pertinent information regarding the applicant:

(Signature)

(Date)

Please mail completed form to:
Hope House
PO Box 557
Baraboo, WI 53913