



VOLUNTEER VICTIM ADVOCATE APPLICATION

The Mission of CFAC is to compassionately support and promote the wellbeing of children and adult victims through comprehensive services in a neutral and friendly environment.

Name: _____ SS#: _____

Address: _____

Telephone: _____

Employment: _____

Working hours: _____ days: _____

Education: High school diploma College

Degree/ Certificates: _____

Are you bilingual? _____

How did you learn about this program? _____

Why do you want to volunteer? _____

Additional volunteer work: _____

What type of volunteer work are you expecting to perform for this organization?

- _____ Assisting victims and their families.
- _____ Crisis intervention in the center.
- _____ On-scene crisis response.
- _____ Assisting with surveys or updates.
- _____ Office help (answering phone calls, filing, and organizing)
- _____ assistance with public outreach and education (participating in community events)
- _____ assistance with janitorial and/or landscaping duties

Lori's Place is an equal opportunity non-profit organization/employer and does not discriminate against any person on the basis of sex, race, color, marital status, age, religion, national origin, disability, veteran's status, sexual orientation, genetic information, hiring, training, on-the-job treatment and promotion. Lori's Place is an equal access/equal opportunity non-profit organization and does not discriminate against any person on the basis of sex, race, color, marital status, age, religion, national origin, disability, veteran's status, sexual orientation or genetic information while carrying out its mission to assist victims of violence.



VOLUNTEER VICTIM ADVOCATE CONTRACT

Do you hold a current DPS fingerprint security clearance card? _____

Are you able to obtain a fingerprint security clearance? _____

Do you have any misdemeanor or felony convictions? If yes, please explain:

SIGNATURE of APPLICANT: _____

DATE OF APPLICATION: _____

VOLUNTEER VICTIM ADVOCATE POLICIES

1. In order to work with victims, I must have a Fingerprint Clearance Card issued by the Arizona Department of Safety, fill out the form Authorizing a Criminal Background check, provide copies of my Driver's License and auto insurance card, as well as complete the 8 hr. Basic Victim Rights training course and other trainings as required.
2. As a Volunteer Advocate, I will stay within my scope of my training. I will not give legal, medical, and/or clinical advice to clients while volunteering for Cochise Family Advocacy Center.
3. I will attend Monthly Volunteer Meetings and participate in activities/event as I can.
4. I will always give out the center's main phone number. I will never share my home/cell number with clients.
5. Working with suspects/perpetrators is not allowed.
6. Appropriate dress is required.
7. Volunteers shall not, at any time, provide information concerning any clients to any outside person or agency. Former volunteers are expected to maintain confidentiality of information after termination of their volunteer status.
8. Volunteers must maintain a good working relationship with law enforcement and DCS personnel.
9. Volunteers are expected to represent Cochise Family Advocacy Center with courteous professionalism.

I understand the above policies and agree to follow them in my volunteer work with Cochise Family Advocacy Center – "Lori's Place."

Advocate Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____



VOLUNTEER VICTIM ADVOCATE CONTRACT

AUTHORIZATION FOR CRIMINAL HISTORY RECORDS CHECK

I, _____, having made application to serve as a volunteer do hereby authorize the Cochise Family Advocacy Center to review my criminal history by requesting and obtaining a computerized criminal history report by the Cochise County Sheriff's Department. I also hereby provide the following personal information to facilitate the criminal history check.

Name: _____
 (Last) (First) (Middle Initial)

Any Other Names Used: (Name changes, Maiden name, Adoptions, etc.)

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: _____ Race: _____ Citizenship: _____

Marital Status: _____

Scars, Marks, Tattoos, Etc.: _____

Signature of Applicant: _____

Date: _____



VOLUNTEER VICTIM ADVOCATE CONTRACT

As a Volunteer Victim Advocate to Cochise Family Advocacy Center, I agree:

1. To be dependable and work within the guidelines/boundaries of a Volunteer Victim Advocate for Cochise Family Advocacy Center.
2. To support the CFAC mission, clients, and team.
3. To accurately record my time and when applicable, my mileage.
4. To participate in a brief evaluation of self, staff, and the program at the end of my assignment.
5. In addition, I recognize that as a Volunteer Victim Advocate, I may hear or see confidential information regarding children and/or families. Confidential information may include name, photographs, address, phone number, reports, facts about problems (health, criminal, financial, psychological, social, etc.).
 - *I agree not to disclose this information to anyone outside of the CFAC Team. The Cochise Family Advocacy holds client confidentiality as a primary concern and has a strict need to know policy. I understand that a violation of this agreement constitutes a Class 4 Misdemeanor, which carries a penalty of \$750.00 fine and/or a four (4) months' jail sentence.*
6. I give my permission for the County to check my driving record through the Department of Motor Vehicles. I confirm I have at least the State required minimum liability insurance.
7. My status with CFAC will be that of an unpaid volunteer and I understand I will not be eligible for the Center's medical or dental insurance or other benefits. Volunteers will indemnify and hold harmless Cochise Family Advocacy Center from all claims of injury sustained during the course of volunteer duties.
8. To attend the Monthly Volunteer Meetings and to participate in community events and special projects as my schedule allows.

Volunteer Signature: _____

Date: _____

Coordinator's Signature: _____

Date: _____