

Volunteer/Intern Application

E: volunteer@nhagainstabuse.org
P: 608-791-2610 ext. 301 | F: 608-791-2619
1223 Main St. | La Crosse WI 54601
18544 Scranton St. | Whitehall, WI 54773

Please Print or Type – Be Sure to Sign Where Indicated

Date _____

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell phone _____

E-mail Address _____

Do you have a reliable vehicle, a valid driver's license, and proof of insurance? _____

If yes to all the above, are you willing to provide client transportation? _____

Have you been employed by or volunteered at New Horizons Shelter and Outreach Centers prior? ☐ Yes ☐ No

If yes, when? _____ In what program? _____

How did you hear about New Horizons Shelter and Outreach Centers? _____

Are you at least 18 years old? ☐ Yes ☐ No

Placement Information

☐ Volunteer ☐ Internship ☐ Preceptorship Instructor's/Class Name _____

☐ Community Service (Court Ordered) Reason _____

If required, how many hours are you required to complete? _____ By _____

What days and hours are you available? _____

Start Date? _____ End Date (if known)? _____

Please Select Preference(s):

- _____ Office Assistant – answer phones, fax, copy, prepare packets, computer work
- _____ Cleaning – dust, sweep, mop, vacuum, etc.
- _____ Computer Work – data entry, design posters, brochures, newsletter
- _____ Donations – accept, sort, put away donations, write receipts
- _____ Children's Program- provides temporary childcare, tutoring, co-facilitate support groups
- _____ Translating/Interpreting (Languages) _____
- _____ Diversity Program – Retrieve resources, outreach with diverse agencies and populations
- _____ Anti-human Trafficking Advocacy – outreach, w
- _____ Legal Advocacy – assist in filling out restraining orders, court support
- _____ NOVA – night-time on-call volunteer advocates– La Crosse/Trempealeau Counties
- _____ Shelter/Phones – answer crisis line, take and redirect calls, assist clients in shelter
- _____ One-Time Events/Fundraisers
- _____ Resource (Adult) Advocacy – active listening, retrieve resources and referrals from database
- _____ Transportation – take clients to appointments, apartment search, and employment search

Please read the following statements carefully before you initial and sign your name

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my volunteer/intern placement, without liability to New Horizons Shelter and Outreach Centers. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. **Please initial here** _____

I further understand that professional and personal reference checks are necessary for applicants being considered for volunteering/interning with New Horizons Shelter and Outreach Centers. It is understood that all employment and personal references provided by me will be contacted by New Horizons Shelter and Outreach Centers. It is understood that if I choose not to have a particular employer contacted that it is my responsibility to note the request as well as the reason not to contact on the volunteer/intern application. I have read, understand and agree to the above statement. **Please initial here** _____

I further understand that New Horizons Shelter and Outreach Centers is not guaranteeing placement for anyone. No placement contract is created by virtue of my being placed at New Horizons Shelter and Outreach Centers, and, if placed, my volunteering/interning will be at will and may be terminated at any time without prior notice with "just cause". I have read, understand and agree to the above statement. **Please initial here** _____

I further understand that a State Circuit Court Access Program check is necessary for applicants being considered for volunteering/interning with New Horizons Shelter and Outreach Centers. It is understood that a criminal record does not constitute an automatic bar to placement and will be considered only as it relates to the position in question. **Please initial here** _____

I understand that this application will remain on file for 90 days for consideration. After 90 days, if I am still interested in a volunteer / intern position with New Horizons Shelter and Outreach Centers, it will be necessary for me to complete a new application form. **Please initial here** _____

List All References Below

- | | | | | |
|----|-------------------|--------------|--------------------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| | First & Last Name | Relationship | Phone w/ Area Code | Email Address |
| 2. | _____ | _____ | _____ | _____ |
| | First & Last Name | Relationship | Phone w/ Area Code | Email Address |
| 3. | _____ | _____ | _____ | _____ |
| | First & Last Name | Relationship | Phone w/ Area Code | Email Address |
| 4. | _____ | _____ | _____ | _____ |
| | First & Last Name | Relationship | Phone w/ Area Code | Email Address |
| 5. | _____ | _____ | _____ | _____ |
| | First & Last Name | Relationship | Phone w/ Area Code | Email Address |

Signature _____ Date _____

Emergency Contact Information

Name: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Personal Goals for Volunteering

What is the main thing that I want from my volunteer experience?

What are three things that I would like to learn while volunteering?

- 1.
- 2.
- 3.

What are two things I expect from the organization's employees during my experience?

- 1.
 - 2.
-

Volunteer Interest Survey

For each interest, circle the one that best describes you.

Answer Crisis Line	Yes	No	Sometimes
Attend Meetings/Trainings	Yes	No	Sometimes
Co-Facilitate Support Groups	Yes	No	Sometimes
Data Entry/Computer	Yes	No	Sometimes
Decorate/Set up Displays	Yes	No	Sometimes
File/Organize	Yes	No	Sometimes
Fundraising	Yes	No	Sometimes
Grant Writing	Yes	No	Sometimes
Legal System	Yes	No	Sometimes
Physical Work	Yes	No	Sometimes
Provide Transportation	Yes	No	Sometimes
Public Speaking	Yes	No	Sometimes
Research	Yes	No	Sometimes
Sort Donations and Inventory	Yes	No	Sometimes
Take a Leadership Role	Yes	No	Sometimes
Training Other Volunteers	Yes	No	Sometimes



Criminal Background Check Policy

Effective July 20, 2015, New Horizons Shelter and Outreach Centers' volunteers and interns must have a criminal history background check. The background check shall commence prior to placement or service with New Horizons Shelter and Outreach Centers as outlined below and may be repeated at the discretion of the volunteer coordinator. Individuals currently placed as volunteers and interns at New Horizons Shelter and Outreach Centers must also comply with this requirement. Failure to do so will result in loss of placement.

Regardless of position, all New Horizons Shelter and Outreach Centers volunteers and interns shall have a background check through the Department of Justice of the state(s) of their residency. The cost for performing the background check is the responsibility of New Horizons Shelter and Outreach Centers.

Prior to or when interviewing for a volunteer/intern position with New Horizons Shelter and Outreach Centers, an authorization form for the background check is to be completed. After the initial interview is completed, a background check will need to be completed by the volunteer coordinator for any individual who is being considered for placement. If the volunteer coordinator is unable to perform this check they will forward only the applications and background Authorization and Release forms of those they are interested in offering placement to, to the executive director to complete.

To protect the organization, our clients and our assets, New Horizons Shelter and Outreach Centers needs to ensure that individuals volunteering have no history of criminal behavior relevant to their placement. If a background check reveals an arrest or criminal conviction related to your placement, the volunteer coordinator will inform you and final determination regarding placement at New Horizons Shelter and Outreach Centers will be made in consultation with the assistant and executive director and legal counsel as needed.

New Horizons Shelter and Outreach Centers policy and state and federal laws recognize a person's right to privacy and prohibit all employees and others from seeking out, using or disclosing personal information except within the scope of their assigned duties.

Criminal background check information will be kept separate from personnel files and will be destroyed seven years after placement termination. Criminal background check information on persons not placed will be destroyed one year from completion.

New Horizons Shelter and Outreach Centers
Volunteer Criminal Background Check Authorization and Release Form

Name (First, Middle, Last): _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Years at Current Address: _____

If Less Than 7 Years, Please List Previous Addresses:

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: Female _____ Male _____ Race: _____ Social Security #: _____

Other Names Known By (maiden or aliases): _____

Verification:

- ☐ I have not been convicted of, pled guilty or no contest to any crimes.
☐ I have been convicted of, pled guilty or no contest to the following crimes:

Authorization:

I understand that investigative inquires on my criminal background are to be made on me to assess whether any reason exists that would suggest that I not be accepted for volunteer/intern placement. These inquires will be made according to policies of New Horizons Shelter and Outreach Centers and may be repeated at the discretion of the executive director. I authorize any individual, company, firm, corporation or public agency to divulge any and all criminal background information pertaining to me.

I understand that upon request I am entitled to receive a copy of the investigative report and may dispute the accuracy of the report within 60 days after its receipt. I further understand that my employment prior to the completion of the background check may be restricted by New Horizons Shelter and Outreach Centers. I further understand that New Horizons Shelter and Outreach Centers may take adverse action regarding my placement after procurement of the above-mentioned information and report and I hereby release New Horizons Shelter and Outreach Centers, and its agents, officials, representatives or assigns from any and all liability or damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of the information procured in compliance with this Authorization and Request to Release.

I understand the information received will be kept confidential and will be used only to determine my suitability to be a volunteer/intern for New Horizons Shelter and Outreach Centers.

Signature _____ Date _____