



The Shelter OF GASTON COUNTY

A Battered Women's Residence and Resource Center

Group Volunteer Application

Thank you for your interest in volunteering with The Shelter of Gaston County. We serve domestic violence victims and their children in Gaston County. Our goal is to give these victims an opportunity to realize that violence does not need to be a part of their relationships. We provide them with shelter, guidance and resources to help them meet their goals. As they move from The Shelter, they will begin a new, healthy and violence-free life.

APPLICANT INFORMATION

Date: _____ Full Name: _____

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

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

GROUP INFORMATION

Project/Activity Name: _____

Date Scheduled: _____

Time(s): _____

Site: The Shelter of Gaston County

Organization/Individual Name: _____

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

Home Phone Number: _____ Alternate Phone Number: _____

Member Names:
(Limit 5, including group leader)

Email:

Address:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Note all group members are subject to background/reference checks

GROUP ACTIVITY POLICIES & CONFIDENTIALITY AGREEMENT

Policies:

- You are welcome to offer treats or gifts, provided you have enough of the same item for all residents (separate gifts for children and adults are fine)
- On-site groups are limited to five participants, including applicant
- All volunteers must be at least 18 years of age
- Alcohol and drugs are not allowed on the premises under *any* circumstances
- Do not share personal information with residents
- All conversations with residents must be general and never specific about their situations
- No personal questions may be asked or answered by you or the residents
- Please do not offer money, goods, or rides. Do not lend, borrow or trade with residents
- You may not volunteer at The Shelter if you are acquainted with any current residents
- Please refrain from comments or interactions that may offend any person's gender, sexual orientation, marital status, religion, age, veteran status, disability, ethnicity, skin color or that may be construed as romantic or sexual.
- The Shelter of Gaston County is a government agency, therefore we cannot allow any religious based activities
- You may not take any photographs or videos

Confidentiality Agreement:

The Shelter of Gaston County adheres to a model of empowerment in dealing with battered women and their children and survivors of sexual assault. We assume that individuals have the right and the ability to make decisions for themselves, regardless of external approval or disapproval.

In this spirit of the process of empowerment, we adhere to a strict policy of confidentiality. We require that *no* information regarding any client be released to any agency or individual without the express consent of that client. This consent must be obtained in writing and placed in the individual's file.

In addition, I agree to keep the location of The Shelter confidential and give this information to no one.

I understand and hereby agree to fully comply with the above confidentiality policy of The Shelter of Gaston County. I understand that any breach of confidentiality will result in my *immediate* dismissal as a volunteer.

Applicant Signature

Applicant Print Name

Shelter Staff Signature

Date

Please return the completed application *5 days prior to the activity date*

Mail, email or fax:

The Shelter of Gaston County
Attn: Megan Buck
Gaston County Department of Health & Human Services
330 Dr. Martin Luther King Jr. Way
Gastonia, NC 28052
Fax: 704-852-6004
Megan.Buck@gastongov.com