



# The Shelter OF GASTON COUNTY

*A Battered Women's Residence and Resource Center*

## 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: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S. # \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse/Partner Full Name: \_\_\_\_\_

\*All applicants must be 18 years or older to volunteer. Please allow 2-3 weeks for processing.  
In order to conduct a required criminal background check, you *must* provide your Social Security number.

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Previous Volunteer Experience: \_\_\_\_\_ Where: \_\_\_\_\_

Dates: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Dates: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Why do you wish to volunteer at The Shelter of Gaston County? \_\_\_\_\_

Do you have any previous experience or knowledge of domestic violence? If yes, explain.

\*All applicants must attend a 2 hour orientation/training at The Shelter of Gaston County prior to becoming a volunteer

## SKILLS

Interests and Strengths: \_\_\_\_\_

Special Training/Certifications: \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

Please check the area(s) that interest you the most:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Community Outreach</b> <ul style="list-style-type: none"><li>Distribute posters and brochures in the community. Host speakers at your civic, supper or book club. Keep your neighbors and friends informed of The Shelter's needs and projects.</li></ul> | <input type="checkbox"/> <b>Pro Bono Attorneys:</b> <ul style="list-style-type: none"><li>Offer free legal assistance in civil protective hearings and explain to our residents how the legal system works.</li></ul>  |
| <input type="checkbox"/> <b>Evening Meals:</b> <ul style="list-style-type: none"><li>Sign-up for a one-time or monthly scheduled supper meal and deliver to The Shelter in disposable containers.</li></ul>   | <input type="checkbox"/> <b>Fundraising:</b> <ul style="list-style-type: none"><li>Organize and sponsor a fundraiser event. Donate the proceeds from a coin drive, bake or craft sale, car wash, raffle, auction, school/church carnival. Support us with our various fundraising events.</li></ul>          |
| <input type="checkbox"/> <b>Donations Collection Site:</b> <ul style="list-style-type: none"><li>Work at The Shelter Storage Building. Sort and organize the donations.</li></ul>   | <input type="checkbox"/> <b>Professional Workshops:</b> <ul style="list-style-type: none"><li>Provide classes on-site to share skills and expertise in order to help women achieve independence and stability.</li></ul>   |
| <input type="checkbox"/> <b>Childcare:</b> <ul style="list-style-type: none"><li>Provide respite care for moms who are needing a break, job hunting or going to appointments, on days without scheduled childcare.</li></ul>  | <input type="checkbox"/> <b>Hair Stylists and Personal Groomers:</b> <ul style="list-style-type: none"><li>Provide haircuts, manicures and/or massages on-site for Shelter residents. Must be licensed.</li></ul>  |
| <input type="checkbox"/> <b>Child Education:</b> <ul style="list-style-type: none"><li>After school tutoring, homework and help with projects and reports. Read books to younger children, giving some one-on-one time, as a positive role model.</li></ul>                           | <input type="checkbox"/> <b>After Hours Helping Hands:</b> <ul style="list-style-type: none"><li>Assist the Shelter Night Operator with meal preparation. Help with everyday light household duties and cleaning tasks to ensure The Shelter is tidy, welcoming and comfortable for our residents.</li></ul> |
| <input type="checkbox"/> <b>Special Projects:</b> <ul style="list-style-type: none"><li>Plan and lead children and/or ladies in fun and creative activities such as parties or arts and crafts.</li></ul>   | <input type="checkbox"/> <b>Wish List Collection:</b> <ul style="list-style-type: none"><li>On a regular basis, collect items needed; such as retail gift cards, body wash, bath towels, juice box drinks and diapers, according to our monthly Shelter Wish List.</li></ul>                                 |
| <input type="checkbox"/> <b>Hauling and Moving Assistance:</b> <ul style="list-style-type: none"><li>Lend a hand and a truck to assist clients moving into their new apartments and houses, when they leave The Shelter.</li></ul>  |  |
| <input type="checkbox"/> <b>Maintenance:</b> <ul style="list-style-type: none"><li>Participate in clean-up projects for The Shelter's exterior and interior. Interior, adopt a room for monthly deep cleaning. Exterior, pick up trash or pull weeds from the gardens.</li></ul>      |  |

**AVAILABILITY INFORMATION**

**Please indicate the number of hours within the timeframe(s), that you are available:**

|           | Morning<br>9:00-1:00 PM | Afternoon<br>1:00-5:00 PM | Evening<br>5:00-8:00 PM |
|-----------|-------------------------|---------------------------|-------------------------|
| Sunday    |                         |                           |                         |
| Monday    |                         |                           |                         |
| Tuesday   |                         |                           |                         |
| Wednesday |                         |                           |                         |
| Thursday  |                         |                           |                         |
| Friday    |                         |                           |                         |
| Saturday  |                         |                           |                         |

**BACKGROUND INFORMATION**

REFERENCES:

**Please list 2 professional references and 1 personal (close friend or relative):**

| Name | Relationship | Phone Number | Email Address |
|------|--------------|--------------|---------------|
|      |              |              |               |
|      |              |              |               |
|      |              |              |               |

Have you ever been arrested, charged or convicted of a criminal offense? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

**\*The Shelter of Gaston County performs criminal background checks on ALL volunteer applicants**

**AGREEMENT AND SIGNATURE**

**I understand that my acceptance as a volunteer with The Shelter of Gaston County is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from the volunteer program at The Shelter of Gaston County.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application to:**

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](mailto:Megan.Buck@gastongov.com)

VOLUNTEER INFORMATION & CONFIDENTIALITY AGREEMENT

**Please Print:**

Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Agreement of Confidentiality**

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 (including photos) 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Shelter Staff Signature

\_\_\_\_\_  
Date