VOLUNTEER PACKET


Safe Passage Mission Statement

*Safe Passage is a non-profit organization that provides help for victims of domestic and sexual violence. We support the principle that all individuals have a right to a life free of abuse. We seek to break the cycle of violence through increasing public awareness of the issues of domestic and sexual violence, acting as advocates for victims, coordinating existing resources and providing a safe environment for victims.*

Code of Ethics

- Respect and protect the civil and legal rights of all survivors, while acting with integrity and treating all victims of crime with dignity and compassion.
- Respect survivors’ legal rights to privacy and confidentiality, as protected by Federal Law.
- Provide each survivor with personalized service, working with regard to his/her/their welfare, without concern for personal gain.
- Serve as a victims advocate when requested and, in that capacity, act on behalf of the victim’s best interest without regard to personal convictions.
- Conduct relationships with colleagues and other professionals in such a way as they are given equal respect and dignity, and to promote mutual respect and improvement of services in the victim assistance field.
- Not discriminate against any victim/survivor, employee, colleague, allied professional, or member of the public on the basis of race, ethnicity, gender, religious belief, sexual orientation, or national origin.
- Not use his/her/their professional position to secure gifts, monetary rewards, or special privileges or advantages in the profession.

Explanation of Safe Passage Volunteer Program

Volunteers may participate in the program by providing direct services or indirect services to Safe Passage clients. The next section outlines the differences between a Direct Service Volunteer and an Indirect Service Volunteer. Service areas and duties in each service area are also explained so potential volunteers can better determine which type of volunteer category best suits them.

A Direct Service Volunteer is a volunteer who has direct contact on a regular basis with survivors and/or their children. Any person serving in the capacity of a Direct Service Volunteer must attend orientation and complete all necessary trainings prior to providing services. Duties of a Direct Service Volunteer may include, but are not limited to:
- Crisis Intervention – Assisting residents and non-residents in crisis situations. This may include advocating for victims in situations that involve law enforcement, DFS, court personnel, attorneys, etc. This may also include assisting victims with required paperwork to apply for an ex parte order, and explaining the legal process for obtaining an ex parte/Full Order of Protection.
- Informal Case Management – Helping victims recognize and meet their needs and goals in life, and helping them understand the emotional process they may be going through after leaving an abusive relationship.
- Hotline Services – Answering the shelter office and hotline, and assisting callers with their immediate needs. Volunteer will need to be familiar with local resources and community services, as well as be familiar with the process of screening and accepting a survivor for emergency shelter (if needed).
- Child Care Services – Assisting the Children’s Services Coordinator and/or Activities Coordinator with planning fun and engaging activities for our clients’ children. This may include providing child care assistance while the parent is attending support group, court proceedings, job interviews, etc.
- Facilitating Life Skills Classes – Planning and organizing classes based on current client needs. Class topics may include budgeting, cooking classes, sewing or knitting classes, arts and crafts activities, self-care groups, music lessons, and more.
- Support Group Volunteer – Assists staff in planning and facilitating our weekly support group for residents and non-residents. Our weekly support group takes place Wednesdays from 2pm-3pm, unless otherwise planned.

Indirect Service Volunteers are those who have very limited, if any, direct contact with survivors and/or their children. Volunteers who will be providing indirect services have less training requirements, but are still required to review the orientation packet and sign all appropriate waivers and agreements before providing services. Examples of duties that may be performed by an Indirect Service Volunteer include, but are not limited to:

- Decorating – Decorating areas within the shelter such as painting, preparing bedrooms for new clients, etc.
- Shelter Work Days – Participating in organized “work days”, which may include landscaping projects, painting, building mall projects, cleaning and organizing storage rooms, etc.
- Monthly Community Awareness – Making a commitment to check on 4-6 local businesses per month (such as libraries, police stations, courthouses, doctors’ offices, etc) and restocking pamphlets, business cards, and other Safe Passage materials as needed at those locations.
- Fundraising and Special Awareness Projects – Assisting staff with fundraising events and special awareness events as they are scheduled. Duties may include distributing event fliers, selling tickets, assistance with event set up/clean up, etc.
- Light and Construction and Building Maintenance – Assistance with minor construction projects such as fixing our privacy fence, building storage shelves, fixing doors/windows, installing curtains and/or blinds, and other basic “fix it” projects.
- Donation Transportation – Picking up and dropping off donations such as furniture, food, clothing, household items, etc.
- Public Speaking – Becoming familiar with Safe Passage’s mission and services, the dynamics of domestic and sexual violence, and the needs of the people we serve in order to engage with local groups, service agencies, churches, and community organizations.
Volunteer Policies

1. The minimum age requirement for volunteers is 18. Volunteers under the age of 18 must be accompanied and supervised by a parent, staff member, or another adult volunteer while performing services for Safe Passage. Volunteers under the age of 18 are only eligible to provide indirect services.

2. All potential volunteers must submit a written application. A personal interview will be conducted by the Volunteer Coordinator, who shall look at background, skills, interests, and abilities of the applicant. The process may include a criminal background check and/or reference check. Anyone with a history of violent crimes will not be considered for participation in the volunteer program.

3. All applicants are required to sign a Confidentiality Agreement and Participation Agreement, as well as an agreement to adhere to the volunteer program policies.

4. Safe Passage clients must wait one year following their association with Safe Passage in order to apply or be considered for the volunteer program.

5. Approval of applicants into the program is determined on a case-by-case basis by the Volunteer Coordinator, based on interviews, observations, and the criteria outlined in the policies.

6. Volunteers are encouraged to attend any scheduled volunteer meetings.

7. Volunteers are subject to immediate dismissal for detrimental behavior including, but not limited to:
   a. Use of alcohol or illegal drugs on shelter property or while representing Safe Passage off-site.
   b. Risking the health or safety of clients, staff members, or fellow volunteers.
   c. Providing shelter for a non-family victim in the volunteer’s home within 6 months of the victim’s participation with Safe Passage.
   d. Developing an unprofessional relationship with any Safe Passage client.
   e. Breach of confidentiality by any means.
   f. Discussing with the public any information concerning clients, policies and procedures, and or co-workers that may adversely affect the public opinion of Safe Passage.
   g. At the discretion of the Volunteer Coordinator and/or the Executive Director, other actions or behaviors may be considered detrimental and warrant dismissal from the volunteer program. In the event of serious misconduct, the volunteer in question may be subject to immediate dismissal without warning.

8. Any volunteer who wishes to file a grievance may do so in writing to the Volunteer Coordinator and/or the Executive Director. All grievances will be addressed as soon as possible.

The volunteer disciplinary process shall be as follows:

- First Step: Verbal warning to alert the volunteer of any unsatisfactory performance or problem areas.
- Second Step: Written warning stating a period of probation, during which the volunteer shall be evaluated.
- Third Step: When it is determined that further actions or warnings shall serve no useful purpose to improve or correct the problem, the volunteer shall be terminated.
- All warnings, as well as a detailed explanations of termination if it occurs, shall be recorded in the volunteer’s file.
Volunteer Application

Full Name (First, Middle, Last): ____________________________________________________

Date of birth (mm/dd/yyyy): ____ / ____ / _________

Address: _____________________________________________________________________

Phone: ________________________ Email: __________________________________________

How did you hear about our volunteer program? ______________________________________

Please list any previous volunteer work you have done and the organization(s) it was for:
________________________________________________________________________________________
____________________________________________________________________________________

Do you have experience working with people in crisis, either as a volunteer or employment experience?
____________________________________________________________________________________

Do you have specific educational skills, interests, or hobbies that you would like to bring to Safe Passage or that might be helpful in your volunteer work?
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever been convicted of a felony?  □ YES  □ NO  If yes, please explain:
____________________________________________________________________________________
____________________________________________________________________________________

Please indicate below whether you would like to participate in the volunteer program as a Direct Service Volunteer or an Indirect Service Volunteer:

☐ I would like to participate as a Direct Service Volunteer. Indicated below are the areas I am most interested in assisting with:
☐ Crisis Intervention  ☐ Informal Case Management  ☐ Hotline Services  ☐ Childcare Assistance
☐ Life Skills Classes  ☐ Support Group  ☐ Public Speaking/Awareness
Additional services you are interested in bringing to Safe Passage as a Direct Service Volunteer:
____________________________________________________________________________________
____________________________________________________________________________________

☐ I would like to participate as an Indirect Service Volunteer. Indicated below are the areas I am most interested in assisting with:
☐ Decorating  ☐ Shelter Work Days  ☐ Monthly Stocking Brochures/Materials
☐ Light Construction  ☐ Fundraising/Special Events  ☐ Building Maintenance
☐ Donation Transportation  ☐ Public Speaking/Awareness
Additional services you are interested in bringing to Safe Passage as an Indirect Service Volunteer:
____________________________________________________________________________________
____________________________________________________________________________________
Please list three Professional References:

1. Name: ________________________________
   Relationship: __________________________
   Phone: ________________________________

2. Name: ________________________________
   Relationship: __________________________
   Phone: ________________________________

3. Name: ________________________________
   Relationship: __________________________
   Phone: ________________________________

I, ________________________________, have read and understand the Volunteer Code of Ethics, Explanation of Safe Passage Volunteer Program, and the Volunteer Policies and agree to adhere to all provisions set forth.

________________________________________________________________________
Applicant’s Signature                                      Date

________________________________________________________________________
Volunteer Coordinator’s Signature                          Date

Volunteer Confidentiality Agreement and Participation Agreement

As a person who will be working as a volunteer at Safe Passage, the following is a statement concerning confidentiality of information contained in this agency that you might come into contact with during the time you are here.

- We required that all information gained through service with our agency be treated confidentially. Discussing any information with any non-volunteers or non-staff in any situation, or with other volunteers or professionals in places where it might be overheard could destroy the bond of trust between the participant and Safe Passage and will undermine our services.
- The location of Safe Passage is confidential information and may not be shared with anyone outside of the agency without direct consent from the Executive Director.
- A breach of confidentiality is a serious breach of trust, and it is also a violation of Federal Law. It may jeopardize the safety of our participants and staff, and can thus be a cause for immediate removal from the volunteer program.
I agree not to divulge information regarding any Safe Passage client without a signed release, nor will I divulge the location of Safe Passage without consent from the Executive Director. Further, on behalf of myself, my heirs, executors, and assigns, having made an informed choice to participate as a volunteer at Safe Passage, hold harmless any related officers, directors, and employees from any and all claims for damages of any kind.

_____________________________________________  ______________________________
Applicant’s Signature                                      Date

_____________________________________________  ______________________________
Volunteer Coordinator’s Signature                          Date

Please list an emergency contact:

Name: __________________________________________________________________________________________________

Address: __________________________________________________________________________________________________

Phone Number: __________________________________________________________________________________________________

Relationship to You: __________________________________________________________________________________________________

Please indicate what days and times you are generally available to volunteer:

☐ Monday         Daytime Hours: ________  Evening Hours: ________
☐ Tuesday        Daytime Hours: ________  Evening Hours: ________
☐ Wednesday      Daytime Hours: ________  Evening Hours: ________
☐ Thursday       Daytime Hours: ________  Evening Hours: ________
☐ Friday         Daytime Hours: ________  Evening Hours: ________
☐ Saturday       Daytime Hours: ________  Evening Hours: ________
☐ Sunday         Daytime Hours: ________  Evening Hours: ________

Additional Notes: __________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________

_____________________________________________  ______________________________
Applicant’s Signature                                      Date

_____________________________________________  ______________________________
Volunteer Coordinator’s Signature                          Date
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Application  □ Approved  □ Denied

Reason for denial, if applicable:
_________________________________________________________________________________________
_________________________________________________________________________________________

Reference Checks  □ 1  □ 2  □ 3

Criminal Background Check  □ YES  □ NO

☐ Direct Service Volunteer  ☐ Indirect Service Volunteer

Start Date: __________
Training and Participation Record of: ________________________________

- **Direct Service Volunteer**
  - Volunteer application completed, signed, and approved  Date: ________________
  - Reference Checks Completed  Date: ________________
  - Photo Identification On-File  Date: ________________
  - Background Check completed  Date: ________________
  - Confidentiality and Participation Agreement Signed  Date: ________________
  - Volunteer Policies and Code of Ethics Signed  Date: ________________
  - Volunteer Orientation Packet Reviewed  Date: ________________
  - "The Nature and Dynamics of Domestic Violence" Booklet  Date: ________________
  - Tour of shelter and explanation of services  Date: ________________
  - Basic Hotline Training completed  Date: ________________
  - Resident Handbook reviewed  Date: ________________
  - Ex Parte/Full Order of Protection training completed  Date: ________________
  - Law Enforcement and Domestic Violence training completed  Date: ________________
  - In-Shelter Training completed  Date: ________________

- **Indirect Service Volunteer**
  - Volunteer application completed, signed, and approved  Date: ________________
  - Confidentiality and Participation Agreement Signed  Date: ________________
  - Volunteer Policies and Code of Ethics Signed  Date: ________________
  - Volunteer Orientation Packet Reviewed  Date: ________________