



Volunteer Application

Thank you for your interest in Volunteering with The Turning Point! The Turning Point has provided free services for over 30 years. These services would not be possible without the support of volunteers. Whether you choose to apply for a role involving working directly with survivors or supporting our agency in other ways, you will be making a substantial difference in the community. Due to the nature of our work, all volunteers must first submit an application in order to be considered for any volunteer role. While, knowledge regarding sexual assault dynamics and/or mental health is helpful for most roles, it is not required, and additional training is provided for roles involving direct services. Please complete the application and submit to the volunteer coordinator at Volunteer@theturningpoint.org or return to the agency representative who contacted you. Feel free to contact The Turning Point with any questions.

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Alternate Phone: _____

Email _____

Employer: _____ Job Title: _____

Does your Employer provide incentives for volunteer hours? ____ Yes ____ No

Gender: _____ Birth Date: _____ Bilingual? Yes _____ No

Past Volunteer Experience if applicable

Program/agency: _____ Role: _____

Program/agency: _____ Role: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

About you

What made you interested in volunteering for The Turning Point?

Describe previous training or education. _____

What qualities or skills would make you a good volunteer? _____

Has you or anyone you known been impacted by sexual violence? If yes, how recent? _____

Have you ever been convicted of a felony or misdemeanor? If yes, explain: _____

Which Volunteer opportunity(s) are you interested in? **All opportunities are very flexible and accommodating depending on your schedule.** (Check all that apply)

Things to consider:

- **Opportunities marked with a (t) indicate that training is required to fulfill this role. Not all training requires a large time commitment.**
- **Opportunities marked with a (h) mean that you can fulfill this opportunity in the office or at home at your convenience.**
- **Opportunities marked with a (b) are only available during business hours, which are M-F 9a-5pm.**

_____ Daytime Hospital Accompaniment(b,t)
_____ Reception (b)
_____ Office Ambassador(b)
_____ Computer Work (h)
_____ Newsletter(h)
_____ Community Ambassador (t)

_____ Advocate Hotline/Hospital(t)
_____ Data Entry (h)
_____ Fund Raising (h)
_____ Special Projects (h)
_____ Donation Drive (h)

When can you volunteer? Please indicate days and times or write "open" if available all day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day time hours(9-5)							
Evening hours							

How many hours would you like to volunteer?

_____ Per month _____ Per week _____ Per day

We are requesting that volunteers take at least one shift per month, if possible. Are you able to make this commitment? _____ Yes _____ No

Are you volunteering to fulfill an organizational, class, or degree requirement: _____ Yes _____ No

References

Please list a friend, teacher, and another adult that can tell us about your skills and personality.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Disclaimer and Signature

I understand that this is a volunteer application and acceptance will be based on interview and referral process. The interview and screening process is described in detail below.

1. The Volunteer Coordinator interviews the candidate in person. Other staff may assist in the interviewing process at the request of the Volunteer Coordinator and/or the Executive Director.
 - a. During the interview, the candidate is asked questions from the Volunteer Interview Questionnaire and their answers on the Volunteer Application are discussed. An overview of the agency, the volunteer program and the volunteer opportunities are explained.
 - b. All policies and procedures applicable to volunteering are reviewed, including ethics, and confidentiality requirements that may pertain to each volunteer position. All applicants are encouraged to ask questions and express any concerns they may have during this process.
2. Following the interview, volunteer coordinator will review the candidate's information and decide what roles align with the skill set of the volunteer.
3. References are then checked and pertinent information verified. Three references must be on file before beginning as a volunteer (personal or work related). A criminal background check is run both locally and with the Texas DPS. Due to the nature of our work we do not accept anyone with a criminal background (misdemeanor or felony), minor traffic violations are allowed. Applicants that do not disclose criminal background on application will be disqualified immediately.
4. If the volunteer is not a fit for the available volunteer roles or if they do not qualify to volunteer (due to availability, age, lack of transportation, etc.) the volunteer coordinator will contact the candidate via phone or email and inform them of the outcome.

5. Once accepted as a volunteer, we provide any training that may be applicable to your role. A wrap-up interview is scheduled following training to address any remaining questions or concerns by staff and/or candidate. In some circumstances, volunteer coordinator may find that certain roles may not be appropriate for the volunteer. In these cases coordinator will work with volunteer to find a better role within our agency to compliment the volunteer's skills. In some cases roles may not be available and the volunteer may need to make a difference with another organization.
6. Candidate is then scheduled to volunteer based on their agreed upon availability.

Statement of Confidentiality and Ethics

Confidentiality is the volunteer's promise not to reveal anything discussed in the conversation setting except under the following conditions:

- When the client poses a danger to self or others, there is a duty to warn and protect.
- Cases of known or suspected abuse/neglect to a child (17 and under), individuals with disabilities or older adults (65 and older).
- When a court orders a release of information.
- When the advocate is working under supervision.
- When a third party is in the room.

A breach of any kind of a client's confidentiality is cause for immediate termination of a volunteer.

The **Ethical standards** of practice at The Turning Point are as follows:

- Clients right to self-determination- we offer the clients information, support, advocacy and counseling, which the client has the right to accept or reject. Clients have ultimate control on their recovery.
- Clients right to informed consent- advocate has a duty to provide information so that a client can make informed choices and decisions. Survivors have the right to know the following: the advocate's qualifications, the agency's philosophy of counseling, confidentiality and its limits of the counseling relationship and their recourse if they are dissatisfied with services.
- We are mandated by our ethics to help clients make good choices and to point out both the benefits and problems. We must ultimately practice what we preach.
- Fairness to all clients includes respecting the clients' individuality.
- We must not step over the boundary of client/advocate. Establishing a friendship with a client is inappropriate.
- If a pre-existing friendship exists, further direct services will be directed to another advocate after the immediate crisis intervention.
- Under no circumstances is there to be any sexual intimacy between client and advocate.

Survivors must feel they can trust the agency and its advocates if intervention is to be effective. If there is ever any doubt about the ethics of any situation, consult the staff.

Signature verifies that you have thoroughly read and reviewed your application and that all answers provided in this application are true and complete to the best of your knowledge.

Signature: _____ Date: _____

We look forward to working with you and we thank you for your support and dedication as a volunteer! Please email this application to volunteer@theturningpoint.org or the Turning Point representative who contacted you. You may also fax to 972-612-2582.

Mail applications to Volunteer Coordinator, PO BOX 866754, Plano TX 75086

Anti-Discrimination Clause:

The Turning Point does not discriminate in the recruitment and placement of volunteers on the basis of race, color, religion, national origin, sex, marital status, disability or age. No question in this application is intended to secure information to be used in a discriminatory manner.