



**New  
Beginnings**  
ENDING DOMESTIC VIOLENCE

*Thank you for your interest in volunteering with New Beginnings!  
Please complete and submit the following Volunteer Application and a copy of your Resume to the  
[Community Engagement Coordinator](#) prior to arranging an interview.*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Emergency Contact Full Name, Relation & Number: \_\_\_\_\_

Current Employer Name & Location: \_\_\_\_\_

Does your employer match volunteer hours with donations (ex: Microsoft, Starbucks, etc.)? \_\_\_\_ Yes \_\_\_\_ No

How did you learn about us?

- Google Search       Referred by: \_\_\_\_\_  
 United Way           Volunteermatch       School program: \_\_\_\_\_  
 Event: \_\_\_\_\_  Social Media: \_\_\_\_\_  Other (website/source): \_\_\_\_\_

Higher Education Institution, Degree & Course Work: \_\_\_\_\_

Relevant Volunteer and Work Experience (most recent first):

Dates	Agency/Organization	Position	Description of Duties

Why do you want to volunteer in the domestic violence field?

\_\_\_\_\_

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What experience and/or education do you have in the domestic violence field?

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What's one thing people could start doing to reduce the rate of domestic violence?

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Are you interested in Direct Service, Support Service or both? Please mark an **X** by the areas you are interested in:

<b>Direct Service</b>	<b>Support Service</b>
Helpline Advocate	Office/Clerical
Emergency Shelter Advocate	Development/Fundraising
Childcare	Board Membership
Legal Advocate	Outreach & Education
Life Skills Instructor	Facilities
Support Group Co-Facilitator for Children	Landscaping
Support Group Co-Facilitator for Adults	Other (Please write in)

Do you speak another language? \_\_\_\_ Yes \_\_\_\_ No

Language(s): \_\_\_\_\_

On a scale from 1-5 (five being very fluent) how fluent are you? \_\_\_\_\_

What special skills and interests would you like to incorporate into your volunteer activity? Please mark an **X** by all that apply:

Administrative/ Clerical	Arts Instruction/ Performance
Computer/Software Literacy	Construction/ Carpentry
Cooking/Food Service Prep	First Aid / CPR
Fundraising/Grant Writing	Database Development/Maintenance
Finance / Accounting	Graphic Design/ Desktop Publishing
Hardware/Network Support	Language Translation / Interpretation
Legal Services	Media/ Public Relations
Facilities/Handy	Public Speaking/Outreach
Medical Services	Mental Health/ Counseling
Research / Evaluation	Performer / Musician

Photography/Videography	Project Management/Oversight
Special Event Planning / Production	Sports/Recreation Coach/Referee
Supervision/ Management	Teaching / Tutoring
Volunteer Management	Therapy Animal Team Handler
Web Development/Maintenance	Writing / Editing
Other (please write in):	

Are you able to make a one-year commitment, up to one 4-hour shift each week at this time? \_\_\_ Yes \_\_\_ No

Hours available (please write in the time-frames you are available):

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please list three references (such as teacher, co-worker, friend, supervisor, etc.). Please no counselors or family members:

Name \_\_\_\_\_ email **and** phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ email **and** phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ email **and** phone \_\_\_\_\_ Relation \_\_\_\_\_

Due to the vulnerability of our clients, we require volunteers to submit information to request WA State Patrol Criminal History Information (Background Check). *This is in accordance with Information Act: RCW 43.43.830 – 43.43.845.* To complete the check properly, please provide the information below.

Alias/Maiden Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race(s)/Ethnicity/(ies): \_\_\_\_\_

## VOLUNTEER RELEASE STATEMENT

As a condition of my participation in the New Beginnings Volunteer Program, I hereby release New Beginnings and its agents, associates, and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activity. I acknowledge and agree that my volunteer position can be terminated with or without cause. I authorize New Beginnings to solicit information regarding my character, previous employment and similar background information, including conducting a Washington State Patrol Background check. I also authorize New Beginnings to photograph me during my volunteer tenure. I'm also aware that I'm covered by Liability & Insurance and must report an injury within 48 hours of an incident.

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

## New Beginnings Volunteer Training Agreement

New Beginnings considers each volunteer a valuable investment. New Beginnings offers a 4-week, 22-hour, core training on domestic violence to prepare you to provide direct advocacy services. We require a 12 month, up to 4-hour weekly shift commitment from each volunteer. A nominal training fee is required to cover the cost of materials. Depending on volunteer openings, volunteers are expected to begin their one-year commitment within one week of completing the Volunteer Training. Training participants, such as partnered social service agency employees or community members who will not provide direct or support services to New Beginnings, will pay the training fee of \$200.00.

Please indicate your agreement: *If matched with a direct service volunteer position, I understand that 22 hours of Domestic Violence core training are required in order to provide direct service at New Beginnings. I agree to complete the training and commit to up to 4 hours of volunteer work per week for 12 months within one week of graduating from the Volunteer Training (depending on available positions) as required in the appropriate job description. In addition, I agree to miss no more than one session during the training series. I understand that completion of the application does not guarantee an in-person screening interview. Completion of interview screening process does not guarantee a slot in the training. Similarly, completion of the training does not guarantee your preferred volunteer opportunity.*

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

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## New Beginnings Volunteer Contract

New Beginnings is a non-profit agency, staffed by professionals and volunteers. A volunteer's job is demanding and rewarding, providing an opportunity for personal growth and service to their community. New Beginnings values the work volunteers contribute. Being a part of New Beginnings requires a commitment and different positions have different expectations. The purpose of this contract is to list some rules that all personnel are expected to follow, and to clarify each applicant's understanding of these expectations.

By signing this contract, you are making the following commitments to maintain high standards of service to New Beginnings and the participants we serve:

- ✓ In the event that I am prevented from working my scheduled shift, I will find a replacement and/or contact my Volunteer Lead at least 24 hours in advance.
- ✓ I agree not to reveal any information regarding the location of the programs to anyone at any time. I understand that doing so would jeopardize the safety of participants, staff and other volunteers.
- ✓ I agree when off-site, not to reveal information that I hear, see or read while at a New Beginnings site. This includes personal information about staff, names of clients, Help Line callers, details of situations, or who is accessing services from New Beginnings.
- ✓ I will not bring unauthorized visitors to any New Beginnings site.
- ✓ If I receive a ride from a friend/family member to a New Beginnings site, I will ask to be dropped off at least three blocks away to protect the location of the program.

- ✓ All contact with clients will be conducted while on site at New Beginnings. No personal contact with clients outside of the agency in person or via telephone will be permitted
- ✓ I will sign in and out on the volunteer sign-in sheet in so that the Volunteer Coordinator can maintain an accurate record of all hours.
- ✓ I accept the responsibility for attending ongoing training when it is offered and understand that after my first year of service, I'm required to stay up-to-date on my advocacy skills.
- ✓ I will give four weeks notice prior to my resignation or notice for leave.
- ✓ In the event of my resignation or termination from New Beginnings, I will maintain the confidentiality of all information gathered through my experience with the agency.
- ✓ This contract may be terminated for the following reasons:
  - Revealing confidential information
  - Use of alcohol or drugs prior to or during my shift
  - Failure to abide by the policies of New Beginnings
  - Chronic tardiness or no shows for assigned shifts
  - Failure to meet acceptable standards of performance as a volunteer member

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

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

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## **Suspected Child Abuse and/or Neglect Reporting & CPS Tool Kit Viewing Consent Form**

I agree that I viewed the CPS Tool Kit video titled, "[What Mandated Reporters Need to Know about Racial Disproportionality in the Child Welfare System.](http://alturl.com/istxt)" The video can be viewed at: <http://alturl.com/istxt>.

You are strongly encouraged, but not required, to watch the [Mandated Reporter's Video](http://www.dshs.wa.gov/ca/safety/abuserreport.asp), which can be found in the lower right hand corner of this link: <http://www.dshs.wa.gov/ca/safety/abuserreport.asp>

I also acknowledge that, as a regular employee, relief worker, or volunteer of New Beginnings, I have a duty to report suspected child abuse and/or neglect in accordance with Washington State Law (RCW 74.34.010(10)).

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

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

**Email this completed form along with your resume to:**

[e pankow@newbegin.org](mailto:e pankow@newbegin.org)

Alternatively, you can mail your application to the following address:

Attn: Erin Pankow  
New Beginnings  
P.O. Box 75125  
Seattle WA 98175-0125

**THANK YOU!**