



VOLUNTEER APPLICATION

Empowering Women and Girls to Attain and Maintain Personal Self-Sufficiency and Economic Independence
We Are Volunteered Powered Since 1972!

Full Name

Contact Phone

Contact Email

Birthday (MM/DD)

Preferred form of contact "Phone" or "Email"

Highest Education

Diploma / GED / Degrees / Certifications

Specialized Skills / Professional Registration / Licenses / Etc.

If you are fluent in another language, would you be willing Serve as an Interpreter? Spanish, Korean, ASL, etc.

Please List any health factors that may effect program involvement (no heavy lifting, allergies, etc.)

WORK EXPERIENCE: Please
Attach Resume

Are You Currently Employed?

Do you have a Resume? Please Send/Attach.

REFERENCES: Please Attach References with Contact Information.

Should include people who are aware of the experience you wish to bring to the Women's Resource Agency and Who you have had contact with in the past 12 months.

VOLUNTEER EMERGENCY CONTACT INFORMATION In Case of Emergency

Contact Name

Contact Phone

Insurance Program

Emergency Contact Number

Please Note any Medicines you may
need while volunteering on-site

Please List Any Allergies that may effect
you while on-site:

You will be able to view all parts of your application at any time.

WRA shreds Inactive Volunteer files after 3 years.



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VOLUNTEER PREFERRED AVAILABILITY

Thank you for choosing the Women's Resource Agency as the place and purpose where you are willing to volunteer!

The Women's Resource Agency's hours are:

Monday through Friday 9 am to 5 pm
2nd Saturday of the month 10 am to 2 pm

The Women's Resource Agency goal for volunteers is to providing a positive experience starting with being aware of each individual's volunteering experience desires.

My preferred availability is:

_____ Monday	_____ Tuesday	_____ Wednesday	_____ Thursday	_____ Friday	_____ 2nd Saturday
_____ 9-2	_____ 1-4	_____ Over noon			
_____ Daily	_____ Weekly	_____ Monthly	_____ Bi-Monthly	_____ Quarterly	

I would be interested in the following opportunities that **do not require** a back ground check (rate 1to 3):

_____ Inventory	_____ Research	_____ Outreach	_____ Marketing	_____ Clerical	_____ Maintenance
_____ Speakers	_____ Other please indicated				

I would be interested in the following mentoring and other opportunities that **do require** a back ground check (rate 1 to 3):

_____ Life Focus	_____ Career Focus	_____ Computer	_____ Resumes	_____ Interviewing	_____ Databases
_____ Dresser					

Signature

Print Name

Date (MM/DD/YY)



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VOLUNTEER INFORMED CONSENT & RELEASE

I understand that my services are being offered to the Women’s Resource Agency (WRA) on a volunteer basis without anticipation of wages, fees, in-kind compensation, benefits of any kind, or future employment. I understand and agree that my volunteer service can be discontinued by WRA at any time and for any reason.

I will not engage in any activity that involves misuse of WRA property, funds, or records. If I suspect that any person has engaged in such behavior, I will report the matter immediately to either the Executive Director or to the Treasurer of the Board of Directors. I will avoid activities or relationships that involve a conflict of interest with my service for WRA and I will sign and comply with WRA’s Conflict of Interest Annual Affirmation of Compliance and Disclosure Statement.

I will keep confidential and not use for my personal benefit or disclose to unauthorized persons all information to which I have access through WRA concerning its clients and donors. I will sign and comply with a WRA Confidentiality Agreement.

I fully agree with the following Release of Liability (read carefully):

- I acknowledge that there will be certain risks associated with volunteer service at WRA, including by way of example, injury in activities in which I may be involved (such as sorting and carrying clothing, interacting with clients and their families some of whom may have criminal backgrounds, cleaning and carrying supplies and equipment, and participating in fundraising events and activities), injury due to transportation-related accidents and defects in facilities and equipment, illness or even death. In addition, I understand that there may be other risks inherent in these volunteer activities of which I may not be presently aware. By signing this Volunteer Agreement, I expressly warrant that I am capable of withstanding both the physical and mental demands of volunteer activities in which I may participate. I also expressly assume all risks of the volunteer activities, whether such risks are known or unknown to me at this time
- In consideration for the privilege of service as a volunteer, I hereby release, and agree to indemnify, save, and hold harmless, WRA and its officers, directors, employees, volunteers, and agents from any claim that I might have against them as a result of injury or illness incurred by me during the course of my participation as a volunteer including (without limitation) any claims for negligence, failure to warn, or breach of warranty, and any claims for property damage, personal injury (physical or mental), medical expense, damages, income loss, costs, and expenses, whether asserted by me or another person. This release of liability is also intended to cover all claims that members of my family or my estate, heirs, representatives, or assigns may have against WRA or its officers, directors, employees, volunteers, or agents.

I fully agree with the following Consent to Medical Treatment and Payment Agreement (read carefully):

- If I am injured or become ill while participating in WRA activities or while on its premises, I consent to emergency medical care and treatment arranged for me by WRA, its employees, volunteers, clients, or representatives, and agree that I will pay for all such medical care and treatment, including emergency transportation, EMT, physician and hospital fees, and other costs incurred.

I consent to a criminal records check with the state of Colorado and I will sign and comply with the Criminal History Records Check Release form.

I acknowledge that I have carefully read and understood this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and WRA and/or its officers, employees, agents and volunteers, and I sign it of my own free will, after careful review and consideration of its meaning and legal effect.

Signature

Print Name

Date (MM/DD/YY)



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VOLUNTEER CONFIDENTIALITY AGREEMENT

It is the policy of the Women's Resource Agency (WRA) to protect the confidentiality of clients as well as to protect their right to privacy. WRA also extends to collaborating agencies confidentiality in regard to any information received from them in regard to a client.

All individuals, agencies, or other organizations performing on grants, contracts, and/or agreements are informed about confidentiality and sign a statement of understanding that they will keep confidential information they hear about clients.

Personal information learned by anyone performing on a grant, contract, and/or agreement or volunteers connected to same, which concerns clients, other caregivers and providers is to be held in strict confidence. This information is only to be used among organization staff and professional staff of collaborating agencies with whom it needs to be disclosed for the professional planning of care.

Access to and dissemination of restricted information must be controlled by the principle of need-to-know. An employee has a need-to-know if disclosure of the information to that person assists performance of his/her assigned duties. Need-to-know must be prudently determined. An individual does not have a need-to-know merely because of title or position. On the other hand, need-to-know should not be used to hide or obscure information from someone or some groups within with a valid interest and requirements for such information. The CEO of the organization performing under this policy has the ultimate responsibility for determining need-to-know.

Information is only exchanged with other professionals, individuals, families or family members with the full knowledge and signed authorization of the client. All personnel, including volunteers, must be informed of policies and procedures concerning the protection of sensitive information regarding the confidentiality of client records and information.

Failure to abide by confidentiality policies is grounds for termination of the contract, agreement, or grant.

I acknowledge that I have carefully read and understood this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and WRA and/or its officers, employees, agents and volunteers, and I sign it of my own free will, after careful review and consideration of its meaning and legal effect.

Signature

Print Name

Date (MM/DD/YY)



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VOLUNTEER CONFLICT OF INTEREST POLICY & DISCLOSURE FORM

A conflict of interest may exist when the interests or concerns of an interested party may be seen as competing with the interests or concerns of the organization. A variety of situations may raise conflict of interest concerns including but not limited to the following:

Financial Interests: A conflict may exist where an interested party, a relative, or business associate of an interested party directly or indirectly benefits or profits as a result of a decision made or transaction entered into by WRA. Such as:

- WRA contracts to purchase or lease goods, services, or properties from an interested party or a relative or business associate of an interested party.
- WRA purchases an ownership interest in or invests in a business entity owned by an interested party or by a relative or business associate of an interested party.
- WRA offers employment to an interested party or a relative or business associate of an interested party, other than a person who is already employed by the organization.
- An interested party or a relative or business associate of an interested party is provided with a gift, gratuity, or favor of a substantial nature from a person or entity that does business or seeks to do business with WRA.
- An interested party or a relative or business associate of an interested party is gratuitously provided use of the facilities, property, or services of WRA.

Other Interests: A conflict may also exist where an interested party, a relative or business associate of an interested party obtains a nonfinancial benefit or advantage that s/he would not have obtained absent her/his relationship with the organization, or where her/his duty or responsibility owed to the organization conflicts with a duty or responsibility owed to some other organization. Such as:

- An interested party seeks to obtain preferential treatment by WRA for her/himself or a relative or business associate
- An interested party seeks to make use of confidential information obtained from the organization for her/his own benefit, or for the benefit of a relative, business associate, or for another organization
- An interested party seeks to take advantage of an opportunity or enables a relative, business associate, or other organization to take advantage of an opportunity, which s/he has reason to believe would be of interest to WRA.

Disclosure of Actual or Potential Conflicts of Interest: An interested party is under a continuing obligation to disclose any actual or potential conflict of interest as soon as it is known or reasonably should be known.

An interested party shall complete the attached **Affirmation of Compliance** and Disclosure Statement to fully and completely disclose the material facts about any actual or potential conflicts of interest. The Disclosure Statement shall be completed upon her/his association with WRA and shall be updated annually thereafter. An additional statement shall be filed at such time as an actual or potential conflict arises.

Procedures for Review of Actual or Potential Conflicts of Interest: Whenever there is reason to believe that an actual or potential conflict of interest exists between WRA and an interested party, the Board of Directors shall determine the appropriate organizational response, which may include revoking the specific proposed action or transaction.

I acknowledge that I have carefully read and understood this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and WRA and/or its officers, employees, agents and volunteers, and I sign it of my own free will, after careful review and consideration of its meaning and legal effect.

If an actual or potential conflict exists between the interests of WRA and an interested party with respect to a specific proposed action or transaction, WRA shall refrain from the proposed action or transaction until that action or transaction has been approved by the disinterested members of the Board of Directors. The following procedures shall apply:

The interested party who has the potential conflict of interest with respect to the proposed action or transaction shall not participate in any way in, or be present during, the deliberations and decision making of the organization on the action or transaction. The interested party may be available, upon request, to answer questions or provide material factual information about the proposed action or transaction.

The disinterested members of the Board of Directors may approve the proposed action or transaction upon finding that it is in the best interests of WRA. The Board shall consider whether the terms of the proposed transaction are fair and reasonable to WRA and whether it would be possible, with reasonable effort, to find a more advantageous arrangement with a person or entity that is not an interested party.



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Approval by the disinterested members of the Board of Directors shall be by vote of a majority of directors in attendance at a meeting at which a quorum is present. An interested party shall not be counted for purposes of determining whether a quorum is present nor for determining what constitutes a majority vote of directors in attendance.

The minutes of the meeting shall reflect that the conflict disclosure was made, the vote taken, and, where applicable, the abstention from voting and participation by the interested party.

Violation of the Conflicts of Interest: If the Board of Directors has reason to believe that an interested party has failed to disclose an actual or potential conflict of interest, it shall inform the party of the basis for its belief and afford the party an opportunity to explain the alleged failure to disclose.

After hearing the response of the interested party and making such further investigation as may be warranted in the circumstances, if the Board determines that the interested party has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action. (Reviewed & Revised June 2011)

DISCLOSURE STATEMENT

Please complete this questionnaire to indicate any actual or potential conflicts of interest. If you answer "yes" to any of the questions, please provide a written description of the details of the specific action or transaction in the space allowed. Attach additional sheets as needed.

Financial Interests – A conflict may exist where an interested party or a relative or business associate of an interested party directly or indirectly benefits or profits as a result of a decision made or transaction entered into by WRA. Please indicate, during the past 12 months:

Has WRA contracted to purchase or lease goods, services, or property from you or from any of your relatives or business associates? No / Yes If yes, please describe

Has WRA purchased an ownership interest in or invested in a business entity owned by you or by any of your relatives or business associates? No / Yes If yes, please describe

Has WRA offered employment to you or to any of your relatives or business associates, other than a person who was already employed by WRA? No / Yes If yes, please describe

Has WRA offered employment to you or to any of your relatives or business associates, other than a person who was already employed by WRA? No / Yes If yes, please describe

Have you or have any of your relatives or business associates been provided with a gift, gratuity, or favor of a substantial nature, from a person or entity that does business or seeks to do business with WRA? No / Yes If yes, please describe:

Have you or any of your relatives or business associates been gratuitously provided use of the facilities, property, or services of WRA? No / Yes If yes, please describe

Other Interests – A conflict may also exist where an interested party or a relative or business associate of an interested party obtains a nonfinancial benefit or advantage that s/he would not have obtained absent her/his relationship with the organization, or where her/his duty or responsibility owed to the organization conflicts with a duty or responsibility owed to some other organization. Please indicate, during the past 12 months:

Did you obtain preferential treatment by WRA for yourself or for any of your relatives or business associates? No / Yes If yes, please describe

Did you make use of confidential information obtained from WRA for your own benefit or for the benefit of a relative, business associate, or other organization? No / Yes If yes, please describe

Did you take advantage of an opportunity or enable a relative, business associate, or other organization to take advantage of an opportunity which you had reason to believe would be of interest to WRA? No / Yes If yes, please describe



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AFFIRMATION OF COMPLIANCE WITH VOLUNTEER CONFLICT OF INTEREST POLICY & DISCLOSURE STATEMENT

I have received and carefully read the Conflict of Interest Policy for Board members and volunteers of WRA, and I have considered not only the literal expression of the policy but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that Women's Resource Agency is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Except as otherwise indicated in the Disclosure Statement [and attachments, if any, below], I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of WRA, nor does any relative or business associate of mine have such an actual or potential conflict interest.

If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the President of the Board of Directors of Women's Resource Agency or to the Executive Director, as applicable.

I further certify that the information set forth in this Disclosure Statement [and attachments, if any] is true and correct to the best of my knowledge, information, and belief.

Signature

Print Name

Date (MM/DD/YY)



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CRIMINAL HISTORY RECORDS CHECK

I understand that all volunteers must provide their consent for criminal history records check with the state and provide answers to the following questions.

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you?

No /	_____		
Yes	Incident Date	File Date	Nature of Complaint
	_____	_____	_____
	Incident Location	File Location	Disposition of Complaint
	_____	_____	_____

Have you ever been convicted of any law violation (except minor traffic offenses)?

No /	_____		
Yes	Incident Date	File Date	Nature of Complaint
	_____	_____	_____
	Incident Location	File Location	Disposition of Complaint
	_____	_____	_____

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft?

No /	_____		
Yes	Incident Date	File Date	Nature of Complaint
	_____	_____	_____
	Incident Location	File Location	Disposition of Complaint
	_____	_____	_____
	Employer	Phone	Address
	_____	_____	_____

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?

No /	_____		
Yes	Incident Date(s)	Treatment Date Range	
	_____	_____	
	Incident Location(s)	Treatment(s)	
	_____	_____	
	Doctor	Phone	Address
	_____	_____	_____

Applicant's Declaration, Authorization & Release

In order for your application to be considered, you must sign this Applicant's Declaration, Authorization & Release

My answers on this application are complete and true. I understand that the submission of any false or incomplete information in connection with my application whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Women's Resource Agency and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of them from any liability for doing so.

_____ Signature	_____ Print Name	_____ Date (MM/DD/YY)
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BACKGROUND CHECK, DISCLOSURE & AUTHORIZATION

The information provided on this form will be used ONLY to obtain a background/criminal history records check regarding you. Once the background check is run – your social security number will be blacked out prior to filing your volunteer application. We will not share this information with the public.

Please Note there is a \$10 charge for running the background/criminal history records check regarding you. The fee is payable at the time you submit this volunteer application. We are able to accept cash, check or credit card.

DISCLOSURE: In order to evaluate your application for volunteering with the Women's Resource Agency (WRA), we will obtain a background/criminal history records check regarding you. This report may contain information bearing upon your character or reputation and is used or collected for the purpose of informing any decision regarding your prospective or actual volunteer relationship. WRA will not disclose any information obtained about you but will use it only for internal purposes.

AUTHORIZATION: I voluntarily authorize the Women's Resource Agency (WRA) to obtain a background/criminal history records check about me in order to make informed decisions regarding my volunteer relationship with WRA.

Signature

Print Name

Date (MM/DD/YY)

Date of Birth

Other Legal Names Held

Social Security Number

Street Address

City, State Zip Code

Gender (F or M)