

VOLUNTEER PROGRAMS APPLICATION FORM

Please complete application in full and return to:
W.H.E. Network, P.O. Box 9637, Spokane, WA 99209
Tel. (509) 323-2123

| | | | |
|--|--|---|---|
| Date of Application | | | |
| General Information | | | |
| I am available from: Day ____ Month ____ Year ____ until: Day ____ Month ____ Year ____ <small>(Please Print)</small> | | | |
| Personal Information | | | |
| First | Last | Middle Initial | Social Security Number (needed for criminal background check) |
| Email | Permission to contact you via Email? <input type="checkbox"/> Yes <input type="checkbox"/> No | Best time to call _____ | Work/Home/Mobile Phone (circle one) _____ |
| Address | City | ST | Zip |
| Areas of Interest | | | |
| <input type="checkbox"/> Clerical/Phone | <input type="checkbox"/> Fund Raising/Donor Development | <input type="checkbox"/> Marketing/Media Relations/Journalism | <input type="checkbox"/> Hospitality/Events/Conferences |
| <input type="checkbox"/> Public Speaking/Workshop | <input type="checkbox"/> Gather/sort donations | <input type="checkbox"/> Website maintenance | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Creative Services/Graphics | <input type="checkbox"/> Residential Programs | <input type="checkbox"/> Other _____ |
| Computer Skills <small>(Check the appropriate boxes. Include software and years of experience.)</small> | | | |
| Computer Skills | Software Uses | Years of Experience | Competency <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair |
| <input type="checkbox"/> Word Processing | | | |
| <input type="checkbox"/> Spreadsheet | | | |
| <input type="checkbox"/> Presentation/Graphics/Newsletters | | | |
| <input type="checkbox"/> E-mail/Internet | | | |
| <input type="checkbox"/> Database Systems | | | |
| <input type="checkbox"/> Other | | | |
| Languages(s) <small>(On a scale of 1 – 5; five being able to express complex thoughts fully and fluently)</small> | | | |
| Language | Speaking | Writing | Reading |
| | | | |
| | | | |
| Educational Background (High School) | | <input type="checkbox"/> | Name of School |
| | | | Describe Training |

| | | | |
|--|--|----------------------------|-------------------------------------|
| Number of years completed. Circle one 1 2 3 4 | Diploma <input type="checkbox"/> G.E.D. | | |
| Educational Background (College) Number of years completed. Circle one 1 2 3 4 | <input type="checkbox"/> Degree <input type="checkbox"/> Certificate | Name of College | Describe Training or Degrees |
| Educational Background (Graduate School) Number of years completed. Circle One 1 2 3 4+ | <input type="checkbox"/> Degree <input type="checkbox"/> License <input type="checkbox"/> Certification | Name of University | Describe Training or Degrees |
| Community/Volunteer Activities <i>(Please describe any work relevant to working for a program conducted by W.H.E. Network)</i> | | | |
| Name of Organization | | Duties/Achievements | |
| Position/s Held | | | |
| Dates | Number of Hours Worked Per Week | | |
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| Position/s Held | | | |
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| Questions | | | |
| Where/how did you hear about W.H.E. Network? | | | |
| Why do you want to volunteer? | | | |
| | | | |

Please list any books, films or other material that you have read or viewed that relate to domestic violence, or sexual abuse.

Have you had any traumatic experience relative to domestic violence or sexual abuse?

Yes No. If yes, explain.

Have you ever been convicted of a crime?

Yes No. If ye, explain.

Are there any health considerations that might affect your volunteering experience? Please explain.

Do you know of someone who has experienced domestic violence?

References

Name:

Address:

Telephone:

E-mail:

Name:

Address:

Telephone:

E-mail:

Name:

Address:

Telephone:

E-mail:

Applicant's Certification and Agreement

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Women's Healing and Empowerment Network to verify their accuracy and to obtain reference information concerning my character and capabilities. I release W.H.E.Network and any person or entity providing such references and information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a volunteer at a program operated by W.H.E. Network I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I am not seeking nor expecting to receive compensation or other benefits in return for any volunteer services which I may provide for this ministry. I certify that I have read and am in full agreement with W.H.E. Network's Statement of Principle.

Signature of Applicant

Date

A CALL TO VOLUNTEER

We thank you for your desire to share in this ministry as we meet physical, emotional, and spiritual needs of our clients experiencing domestic violence or sexual abuse. Without you, a well-trained volunteer, we would not be effective in this outreach.

**Thank you for completing Women's Healing and Empowerment Network
Volunteer Program's Application.**

For more information about our network visit:

www.whenetwork.com

or send an email to

mable@whenetwork.com

W.H.E. NETWORK STATEMENT OF PRINCIPLE

W.H.E.Network recognizes that "Every human being created in the image of God is endowed with a power akin to that of the Creator: individuality, power to think and to do. -Education, p. 17.

I will therefore:

1. *Adhere to biblical principles. I believe that the Bible is God's inspired word and that salvation is by the grace of Jesus Christ.*
2. *Respect the confidentiality of our clients and will keep all records secure. I will take every action to protect those who solicit our aid.*
3. *Maintain a professional program and conduct myself in a dignified and professional manner.*
4. *Not exploit or manipulate clients in order to satisfy my personal needs and will abstain from unnecessary invasion of their privacy.*
5. *Accept clients, as appropriate, regardless of their race, religion, gender, sexual orientation, income, educational background ethnicity, etc. unless factors interfere with our ability to serve them. I will respect the individual rights of each client.*
6. *Conduct research in an open and professional manner, and not jeopardize the welfare of any persons who are research subjects. Confidentiality will be protected. Informed, written consent for participation is a requirement.*
7. *Be committed to the integration of Christian values and seek direction and wisdom from God while accepting responsibility for our own actions and statements. I believe in the development of all aspects of an individual mentally, physically, socially, and spiritually.*
8. *Commit to working with individuals to address those factors which contribute or contributed to their victimization*
9. *Agree to work cooperatively in planning and serving our residents and to maintain networks with our community agencies while providing services.*
10. *Support of the standards of operation for programs established and supported W.H.E.Network, and work towards meeting and maintaining those standards.*