

## VOLUNTEER GUIDELINES

PO Box 2100, Lowell, MA 01851

Crisis Hotline: 978.454.1436

Toll Free: 1.888.291.6228

Administration/Outreach

978.937.5777

Fax: 978.937.5595

[www.alternative-house.org](http://www.alternative-house.org)

As a volunteer for Alternative House, you will be expected to adhere to the following guidelines:

1. Must be 14 years of age or older
2. Agree to CORI request
3. Successfully complete 30 hours of domestic violence training
4. Maintain the confidentiality policies of the organization
5. Sign a confidentiality agreement
6. Sign a release of liability agreement
7. Attend monthly volunteer meetings
8. Commit to a certain time period or group activity
9. Understands that she/he will be terminated from her/his volunteer duties if she/he is not able to conduct her/himself in a professional manner and abide by all of Alternative House's policies.

Any questions or concerns should be addressed with the AH Community/Educator/Trainer as soon as possible.  
Thank you.

## VOLUNTEER/INTERN APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

If you have a resume, please send one.

If a student, which school you are attending? \_\_\_\_\_

Are you applying as a volunteer or intern? \_\_\_\_\_

How did you hear about Alternative House? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering at Alternative House? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any personal experience with domestic violence? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had other volunteer experiences? If so, when and what were they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CONFIDENTIALITY AGREEMENT

Alternative House is a comprehensive battered women's services program. Due to safety and security issues, it is necessary to adhere to all of the confidentiality policies of Alternative House. Because of these unique circumstances, I \_\_\_\_\_, agree that I will not reveal to anyone the location of facilities, the names of the residents, or information as to their identify or their circumstances because of the need for confidentiality. Safety of the residents, as well as the staff and volunteers, is always our number one priority.

Violation of this policy shall be cause for immediate termination.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

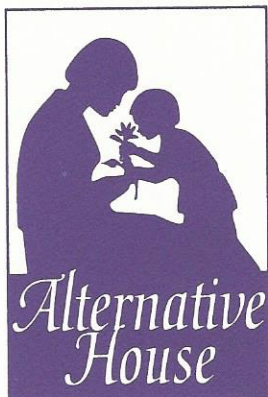
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Community Educator/Trainer

\_\_\_\_\_  
Date



THERE'S NO EXCUSE FOR ABUSE



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## Volunteer Release of Liability

I understand that Alternative House, a private non-profit comprehensive battered women's service agency, accepts my contribution of donated services only upon the condition that:

1. I conduct myself in accordance with all of Alternative House's Policies, which I have read and understand.
2. I follow the practices of the organization as explained to me at training and under the direction of any staff or supervisor that I assigned to. These include, but are not limited to:
  - I agree to not divulge the confidential location of the shelter and other locations and services that may be confidential
  - Treating all women and children in need of our services, as well as staff members, with dignity and respect regardless of race, gender, religious affiliation, sexual orientation, or any other attribute.
  - I agree not to divulge the confidential identity of the women and children we serve.
3. I act only with the permission of the Alternative House supervisor or staff person I am assigned to.
4. Any difficulties, questions, or other unresolved issues I may have I will bring to the Community Educator's attention.
5. I will attend all required volunteer meetings.

I understand that Alternative House assumes no liability or responsibility in the event that I should suffer injury, accident, or illness while in or as the result of volunteer services to Alternative House.

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Signature of Volunteer

Date

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Community Educator/Trainer

Date

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Date of training completion

Hours Completed



The Criminal History Systems Board requires that Alternative House has a copy of a Government issued photographic identification in order to process a **CORI check**. The photo ID can be a driver's license or passport.

Please send a copy of your driver's license or passport along with your Volunteer Application.

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

**Alternative House** is registered under the provisions of M.G.L. c. 6,s. 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, and applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information from the DOIS. I hereby acknowledge and provide permission to **Alternative House** to submit a CORI check for my information to DOIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Alternative House** written notice of my intent to withdraw consent to a CORI check.

### FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **Alternative House** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Alternative House** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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SIGNATURE

---

DATE

SUBJECT INFORMATION: (An asterisk denotes a required field)

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*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Name (Current and Maiden)	Father's Full Name
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Current and Former Addresses:

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_

Name of Verifying Employee (Please Print)

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Signature of Verifying Employee

What are your areas of interest for volunteering? Please circle all that apply.

Shelter/crisis hotline

children's activities

child care

community education

youth/teen programs

women's activities

legal advocacy

facilities maintenance

office work

visitation center

Do you have any special skills, talents or ideas that you could share and/or teach to the women and children that we service? \_\_\_\_\_

\_\_\_\_\_

Do you speak or write a second language? If so, what language? \_\_\_\_\_

\_\_\_\_\_

What days and times on a weekly basis are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from volunteering at Alternative House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three references, including phone number and relation to you.

\_\_\_\_\_

\_\_\_\_\_

Please be advised that all volunteers who successfully complete Alternative House's training must agree to a CORI before volunteering.

Please return completed forms to:

Alternative House

P.O. Box 2100

Lowell, MA 01851

FAX: (978) 937-5595

PHONE: (978) 937-5777