



# KENDALL COUNTY WOMEN'S SHELTER

A Safe Place

## VOLUNTEER APPLICATION

PLEASE PRINT ALL INFORMATION

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

Name: \_\_\_\_\_ Birthday(Mo/Day/Yr) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Employer  Retired from: \_\_\_\_\_ Title: \_\_\_\_\_

Please indicate the best way to contact you during the weekdays, 8am – 5pm:

Cell  Work  Home  E-mail

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

Why do you want to volunteer at KCWS? \_\_\_\_\_

Volunteer Experience: (include current and previous activities /organization) \_\_\_\_\_

Please summarize your skills and qualifications that you feel could benefit KCWS: \_\_\_\_\_

How did you hear about volunteering with the KCWS? \_\_\_\_\_

Please indicate your area(s) of interest in our program:

Direct Service with Clients  Thrift store  Administrative Tasks  Events  Children's Activities

I have submitted the requested \$10 donation to cover the cost of my background check via:

Online payment  Check # \_\_\_\_\_  Cash  Politely Decline

What languages, if any, do you speak other than English? \_\_\_\_\_

Are you a former client of KCWS?  Yes  No

If you were a former client, please tell us when \_\_\_\_\_

*(If you are currently a client or have been a client, there is a one year waiting period before you are eligible to volunteer.)*

Have you ever been convicted of a felony or a misdemeanor including those classified as an offense against the person or family, or of public indecency, or a violation of the Texas Controlled Substance Act?

Yes  No If yes, please list offense and when it occurred: \_\_\_\_\_

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I understand that at any time, during the application process, I am not guaranteed a position as a volunteer with KCWS.

Signature of Volunteer

Date

Please submit this application to [apayne@kcwstexas.org](mailto:apayne@kcwstexas.org) or in person/by mail to 930 N. School St. Boerne, TX 78006



# Kendall County Women's Shelter

## AUTHORIZATION FOR BACKGROUND CHECK & MOTOR VEHICLE RECORDS REPORT

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize the Kendall County Women's Shelter to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying or as a volunteer. I understand that the Kendall County Women's Shelter will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Agency's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment or to work as a volunteer will not be processed further.

A criminal background check is run on all applicants prior to application acceptance. For all applicants who will transport clients, perform Agency related errands while driving an Agency or personal vehicle, a motor vehicle records report will be processed. We do **require** that you provide your social security number, date of birth and drivers' license number for this purpose only. This is a requirement for all adult applicants. This personal information is not held on file, is not kept in our computer system and is not shared with anyone, **outside the background check company**. This form will be destroyed when your background check is cleared. We treat your information with the utmost safety to protect you. You do have a right to receive a copy of the report received by the Agency. Requests must be made in writing by completing a **Request for Copy of Background Check** form available at the Agency and submitted directly to the Executive Director.

- Criminal Background Check
- Motor Vehicle Records Report (Copy of unexpired driver's license and current insurance card required)

\_\_\_\_\_  
Applicant's Name – Printed

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Other Names Used by Applicant (example: Maiden name, etc.)

Address: \_\_\_\_\_

DL #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**\*\*Disclosure Statement: This section will be destroyed following background check completion.**



## VOLUNTEER CODE OF ETHICS & RELEASE OF LIABILITY

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As a volunteer of Kendall County Women's Shelter, I agree to the following:

- To maintain the client's interest as primary responsibility.
- To respect privacy at all times and never release confidential information of clients, staff, volunteers, student interns and board members regarding personal information and information obtained while providing services, except as otherwise required by law or judicial order.
- Volunteers must maintain healthy relationships with clients by avoiding dual relationships.
- Not to use, possess, or be under the influence of alcohol or illegal drugs will not be tolerated while volunteering for the KCWS.
- Any type of abuse will not be tolerated towards client, children, or staff.
- To maintain a professional relationship and respect with clients, staff, and volunteers.
- To provide only those services in which I have been trained.
- If I am unable to fulfill a volunteer duty for which I committed, I will contact the appropriate KCWS staff member with that information as soon as possible.
- I will attend training as required by the KCWS.
- Texas State law requires me to report any suspected abuse or neglect of a child. If this occurs, I shall inform the program director and make a report to the Texas Department of Family and Protective Services at 1-800-252-5400 or [www.txabusehotline.org](http://www.txabusehotline.org).
- I understand that when using my personal vehicle while volunteering, my personal insurance is primary and the KCWS assumes no liability or responsibility whatsoever. I will not be reimbursed by the KCWS for mileage, but I can report it as a donation to the Shelter.
- I agree to hold the KCWS, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my children, or those accompanying me.

**PLEASE INITIAL THAT YOU'VE READ THE ABOVE CODE OF ETHICS & RELEASE OF LIABILITY:** \_\_\_\_\_

## VOLUNTEER SOCIAL MEDIA AGREEMENT

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In general, Kendall County Women’s Shelter (KCWS) views social networking sites (e.g. Facebook), personal websites, and blogs positively and respects the right of volunteers to use them as a medium of self-expression. If a volunteer chooses to identify himself or herself as associated with KCWS on social media, some readers of social media may view the volunteer as a representative or spokesperson of KCWS. In light of this possibility, KCWS requires that volunteers observe the following guidelines when referring to KCWS on social media.

- Volunteer must be respectful in all social media related to or referencing KCWS, its employees, and other volunteers.
- The KCWS logo and trademarks may not be used without explicit permission in writing from the Executive Director.
- Volunteers must not reference clients and must respect the confidentiality of the Shelter and its services.
- Volunteers and staff must not use social media to disparage KCWS.
- Volunteers must not use social media to harass, bully, or intimidate other volunteers or employees of KCWS. Behaviors that constitute harassment and bullying include, but are not limited to comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.

**PLEASE INITIAL THAT YOU’VE READ THE ABOVE SOCIAL MEDIA AGREEMENT:** \_\_\_\_\_

### ACKNOWLEDGEMENT & SIGNATURE

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By signing below, I \_\_\_\_\_ certify that I have read and understand the Volunteer Code of Ethics & Release of Liability and Social Media Policy. I agree to abide to the conditions stated within and any violation may be grounds for termination of volunteer status and possible civil liability.

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Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent or Legal Guardian (if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER AGREEMENT OF CONFIDENTIALITY

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KCWS is committed to the confidentiality of all information regarding its clients as a means of ensuring their safety. Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled, and that violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- Communications, information and observations made by, between or about adult and child clients, staff, volunteers, student interns and board members.
- Addresses of employment, residence and family addresses of clients, staff, volunteers, student interns and board members.
- Names of clients, staff, student interns and volunteers, unless written permission is provided by the individual and approved by the Executive Director.
- Photographs taken of clients, staff or volunteers.

Confidential information shall not be released over the phone or in person, about the Shelter and its clients without the expressed permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters or other interested parties.

KCWS staff and volunteers shall be committed to protecting the overall health of the organization and should not divulge administrative information including but not limited to personal, funding or donors without the expressed permission of the Executive Director. The release of any confidential information without consent may result in immediate termination.

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Volunteer (please print)

Signature

Date

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Signature of Parent or Legal Guardian (if under 18 years of age)

Date