

FRIENDS, INC.

Advocacy • Empowerment • Prevention

Name: _____

Date: _____

Phone Number: _____

Email: _____

Address:

Address

City

State

Zip Code

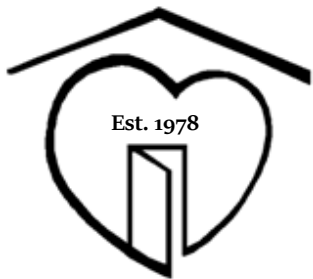
How did you hear about FRIENDS, Inc.?

Describe any volunteer work that you have done in the past.

What interests you about volunteering for FRIENDS, Inc.?

Please put a check by the Volunteer areas that are of interest to you.

- _____ Sexual Assault Victim Advocate
- _____ Childcare
- _____ Shelter Grocery Shopper
- _____ Maintenance
- _____ Community Event Support
- _____ Crisis Line Support
- _____ Open To Untraditional Opportunities



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What training or experience do you have in the areas you are requesting to volunteer?

Please identify any conflicts that may affect your availability (example: work hours or ongoing commitments):

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Address: _____

Employment:

Current/Most Recent Employer: _____

Years of Employment: _____

Employer: _____

Years of Employment: _____

Education:

Name of High School: _____ Graduation Date: _____

Name of College: _____ Graduation Date: _____

Degree: _____



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References

Please list 2-3 people, not related to you, who have known you for the last 3 years.

Reference 1:

Name: _____

Phone: _____ Email: _____

Address: _____

Relationship: _____

Reference 2:

Name: _____

Phone: _____ Email: _____

Address: _____

Relationship: _____

Reference 3:

Name: _____

Phone: _____ Email: _____

Address: _____

Relationship: _____

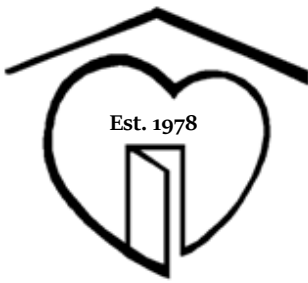
I _____, **have completed this application, to the best of my knowledge, with accurate information.**

I give FRIENDS Inc. the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information that I have provided with my employment application materials

I hereby release from liability from the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Signature: _____

Date: _____



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Confidentiality Agreement

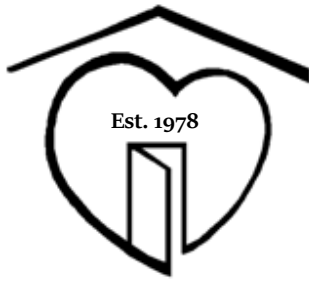
I, _____ hereby agree to maintain confidentiality about FRIENDS, Inc. including the location of the agency, the clients who seek assistance from FRIENDS, Inc., and the employees, volunteers and interns who provide services for FRIENDS, Inc., both during my involvement with FRIENDS, Inc. and after I leave.

I understand a breach of confidentiality on my part may endanger someone's life. Unless required by law, no identifying information will be released to persons outside of FRIENDS, Inc. or to other agencies. Staff and volunteers must also comply with Wisconsin Statute 895.67 which forbids disclosure of the whereabouts of a domestic abuse service recipient and/or their minor children to anyone without the informed written consent of the service recipient. Furthermore, FRIENDS, Inc. may not require a service recipient to give such consent.

I understand a violation of this agreement may result in the termination of my involvement with FRIENDS, Inc.

Signature _____ Date _____

Staff _____ Date _____



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Grievance Policy

FRIENDS, Inc. Volunteers have the right to state any grievance in the event that they become dissatisfied with the program, the way they have been treated, the expectations placed upon them, or the interactions they are having with another employee or client. FRIENDS, Inc. further guarantees the grievance will receive fair and equitable consideration.

Volunteers are encouraged to take their concern directly to the individuals involved in an attempt to resolve the grievance through conversation and compromise. If the grievance cannot be resolved mutually by the parties involved, the following steps will be followed:

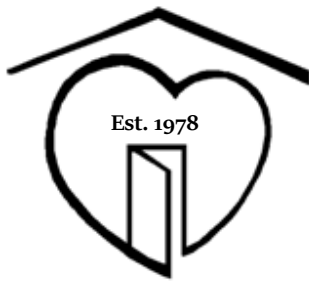
1. Volunteers provide written notice of the grievance to the Program Coordinator within 3 business days of the incident. The Program Coordinator will respond to the grievance via written communication within 3 business days. If the resolution proposed is not acceptable to all parties involved;
2. Volunteers provide written notice of their grievance to the Executive Director within 3 business days of receiving the response from the Program Coordinator. A copy of the initial grievance and the response from the program coordinator should accompany materials submitted to the Executive Director. The Executive Director will respond to the grievance via written communication within 3 business days. If the resolution proposed is not acceptable to all parties involved;
3. Volunteers may appeal to the Program Committee of the Board of Directors within 3 business days of receiving a response from the Executive Director. The grievance must be in writing and accompanied by all materials previously submitted. The Program Committee will review all materials and may schedule a meeting with all involved parties. The Program Committee will render a written decision within 30 days of receiving the grievance. The decision of the Program Committee is final.

Volunteer Signature

Date

Program Coordinator Signature

Date



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Consent Form for Required Criminal Background Checks

As required by special conditions attached to federal funds administered by the Office of Crime Victim Services (OCVS) and the Department of Children and Families (DCF), FRIENDS, Inc., will make advance written determinations of suitability before covered individuals may interact with minors. A covered individual means any FRIENDS, Inc. employee, volunteer, Intern, Board, or anyone who is expected, or reasonable likely to, interact with a participating minor.

To make a suitability determination, FRIENDS, Inc. is required to perform the following searches:

- Dru Sjodin National Sex Offender Public Website
- Wisconsin Sex Offender Registry
- Registry from any other state(s) where the covered individual has lived, worked, or attended school within the last five years (if applicable)
- Wisconsin Department of Justice FBI and CIB Fingerprint-Based Background Check
- Criminal background checks for any other state the covered individual has lived, worked, or attended school within the last five years (if applicable)

While consent is not specifically required for these searches, FRIENDS, Inc. believes that in the interest of transparency, it is important to provide notice to covered individuals that the above searches will be performed.

Required Information

The following information is required to perform the [Wisconsin Department of Justice Criminal Background Check](#), including the Caregiver Background Check:

Name: _____ / _____ / _____
(Last) (First) (Middle)

Sex: _____ Race: _____

Date of Birth: ____/____/____ SS#: _____
(mm) (dd) (yyyy)

Maiden Name/Additional Names (if applicable): _____

Have you resided, worked, or attended school outside of Wisconsin in the last five (5) years?

Yes No If Yes, list: _____

By signing this form, I hereby give permission for FRIENDS, Inc. to perform the searches described above.

Signature: _____ Date: _____

Ban the Box

[Ban the Box](#) promotes employers to not ask about arrest history and to remove the question about criminal history from the initial job application forms. Instead, the question about criminal history should be asked during the face-to-face interview or after a conditional job offer has been made to the applicant contingent upon the criminal background check.