Safe Voices
Working to End Domestic Violence

VOLUNTEER INTEREST FORM AND APPLICATION

Name:____ Date: _______________________

Pronouns: ____ Date of Birth: _____ / _____ / _____

☐ I am 18 years old or older ☐ I am under 18

E-mail Address: ____

Cell Phone: (____) ____________________ Home Phone (Optional): (____) ____________________

Work Phone (Optional): (____) ____________________

Physical Address: ____

City: ______________________________________ State: ______________ Zip:_____________

Mailing Address (If different from physical address):____________________________________

City: ______________________________________ State: ______________ Zip:_____________

Current High School or College (if applicable): _____________________________________

Program/Major: ____

Emergency Contact: ____

Relationship:______________________________________ Phone: (____) ____________________

Please list any prior volunteer/internship experience: __________________________________

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How did you hear about Safe Voices volunteer opportunities? _______________________________

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How do you like to be appreciated? ____

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Volunteer Opportunities

Helpline Volunteer: Assists with coverage of Safe Voices 24 hour helpline by taking shifts in four hour increments. Volunteers can sign up for as many shifts per month as they wish and can take calls from their own home. Minimum commitment of 8 hours a month.

Requirements: Complete full CAIRET curriculum (approx. 55 hours) and sign off by staff trainer. Must be 18 or older. Must have access to a cell phone or landline as well as a private space to take calls.

☐ I want to be considered for a Helpline Volunteer position.

Project or Event Volunteer: Assists with indirect service projects on an as-needed basis, for example, sorting donations, spring cleaning, painting at the shelter, clerical tasks, etc. Events include assisting at Safe Voices' annual 5K to End Domestic Violence.

Requirements: Background check, confidentiality and sensitivity discussion; staff oversight.

☐ I want to be considered for a Project or Event Volunteer position.

Please list your availability and the number of hours you would like to volunteer each week.

Minimum Hours: __________ Maximum Hours: __________

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME:							

Please tell us anything else you would like to share: ____

____

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____

☐ I agree to a criminal and Department of Health & Human Services background check.

☐ I agree to sign a confidentially waiver.

Signature: ____ Date: __________________________

Thank you for your interest!

Please submit this application and all related background check consent forms to:
Alyssa Coyne, Volunteer and Internship Coordinator, at **acoyne@safevoices.org**

Safe Voices
Working to End Domestic Violence

CONFIDENTIALITY STATEMENT

I, *(Print Name)* ____, a visitor, volunteer, intern or other individual at Safe Voices, understand and agree that any information viewed, disclosed or otherwise learned regarding shelter residents or individuals served is confidential and protected by state and/or other federal law.

I understand that if I disclose such information outside Safe Voices, or in an inappropriate manner, I may be subject to disciplinary action, restricted from access, which may limit future involvement or services or I may be reported to the Maine State Department of Health and Human Services.

Signature: _____________________________________ Date:_____________________

Safe Voices Staff Signature: ____

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Working to End Domestic Violence

INFORMATION RELEASE FORM

Universal Criminal Background Check

I, ____________________________, hereby authorize Safe Voices to conduct a universal criminal background check on me as a staff member for the agency. This information will reveal arrests and convictions on file in Maine and other states where I have lived or worked. I understand that this information will be used only for the purpose of determining my eligibility for continued employment. If information should be revealed, the Executive Director will meet with me to discuss whether the information may prevent my continued employment and I will be given the opportunity to offer an explanation before action is taken. The decision of the Executive Director is final on this matter.

Any information that comes back with arrests and/or convictions is confidential and will be secured in my personnel file.

. . . .

My current legal name (print):____

My DOB: ______ / ______ / ______ My Social Security #: ________________________________

My Current Address: ____

City: __________________________________ State: ____________ Zip:____________

My Current Phone Number: (____)___________________

My prior name(s) if applicable (print): ____

____

Signature: ______________________________________ Date: ____________________

Witness Signature: ____

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 624-5553

AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

Agency/Provider to receive this information: **Agency ID#: 10**

Elise Johansen
Safe Voices
P.O. Box 713
Auburn, ME 04212

I, ___________________________, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is $15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH:________________**ALIASES (including maiden):**____

SIGNATURE:____**DATE:**____________________

MAINE ADDRESS:____

RESULT BELOW (To be completed by DHHS):

As of ______________, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

____
DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT→