



BASIC VOLUNTEER APPLICATION

Kodiak Women's Resource and Crisis Center

422 Hillside Drive | PO Box 2122

Kodiak, Alaska 99615

907-486-6171 | 907-486-4264 (fax) | kwrcc@gci.net

Kodiak Women's Resource and Crisis Center (KWRCC) is committed to providing quality volunteers, volunteer opportunities, and volunteer services. This application will assist us in determining where and how a volunteer applicant is best utilized by our agency. This application will not be used for limiting or excluding any volunteer applicant from consideration on a basis prohibited by local, state, or federal law.

Please fill out and circle options in all of the sections below:

I. APPLICANT INFORMATION:

Name:

Address:

City, State and Zip Code:

Phone Number:

Email Address:

Date of Application:

II. VOLUNTEER OPPORTUNITIES:

How did you hear about KWRCC? *Friend Newsletter Social Media Website Radio Outreach Event*
Employee Partner Agency/Organization Other: _____

What days are you available for volunteering? *Sun Mon Tue Wed Thu Fri Sat*
What hours are you available for volunteering? *Morning Afternoon Evening Night*

How would you like to volunteer with KWRCC? *Please circle everything you are interested in.*

Facility Maintenance Gardening/ Yard Work Janitorial/ Cleaning Clothing/ Donation Room

Fundraising/ Grants Office Support Outreach Events/ Programs

Serving on the KWRCC Board or a Committee (NOTE: requires an additional application and appointment process)

Crisis Line Volunteer (NOTE: requires additional application information and background check)

Presentations, Groups (NOTE: requires additional application information and background check)

Other: _____

III. SKILLS/QUALIFICATIONS:

Please list below any skills and/or qualifications you possess that could be an asset to or utilized by KWRCC:



EXTENDED VOLUNTEER APPLICATION

Kodiak Women's Resource and Crisis Center

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Kodiak, Alaska 99615

907-486-6171 | 907-486-4264 (fax) | kwrcc@gci.net

ONLY THOSE VOLUNTEER APPLICANTS WITH A DESIRE TO PROVIDE DIRECT SERVICES TO KWRCC CLIENTS ARE REQUIRED TO FILL OUT THIS ADDITIONAL EXTENDED APPLICATION.

- 24-HOUR CRISIS LINE VOLUNTEERS
- FACILITATION OF CLIENT SUPPORT GROUPS, TRAININGS, PRESENTATIONS
- OTHER DIRECT CLIENT SERVICES

NOTE: Grant Regulations require that Kodiak Women's Resource and Crisis Center (KWRCC) conduct background checks on any volunteers who will come into contact with or provide direct services to our clients and/or their children.

Please fill out and circle options in all of the sections below:

I. APPLICANT INFORMATION:

Date of Application: ____/____/____

Name: _____ **Date of Birth:** ____/____/____

Provide Full Legal Name

Maiden Name or Other Names Used: _____

II. CHILD ABUSE/ NEGLECT

Have you ever had a child for whom you were legally responsible (*natural, foster child, or adopted*) removed from your home or care by the State of Alaska or a child welfare agency in another state, after protective services investigation of possible abuse and/or neglect of the child? Yes No

If yes, what was the child's name(s)? _____

When and where did this occur? _____

Has a child for whom you were legally responsible (*natural, foster child, or adopted*) ever received ongoing protective services in your home or while in your care from the State of Alaska or a child welfare agency in another state after protective services investigation of possible abuse and/or neglect? Yes No

If yes, what was the child's name(s)? _____

When and where did this occur? _____

III. CRIMINAL HISTORY

*** Have you ever been convicted of a violent criminal offense in Alaska or any other state?** Yes No
(felony or misdemeanor)

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Are you currently charged with a felony or misdemeanor in Alaska or any other state? Yes No
(indictment or official complaint accepted by a district attorney)

If yes, please give details, including the type of charges: _____

*** Volunteer Applicant will be required to provide a criminal history report from Alaska State Troopers at applicant's expense.**

(Note: No volunteer applicant will be denied solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the volunteer position(s) applied for may, however, be considered.)

IV. EMPLOYMENT:

Current Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Date Employed:

Previous Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

V. MILITARY SERVICE:

Have you served in the Military or other Uniformed Service? *(If yes, please continue...)*

Yes

No

Current Status? *Active Duty* *Reserve* *Discharged* *Retired*

Branch of Service? _____

What military skills do you possess that might be an asset for volunteering with KWRCC? *(optional)*

VI. REFERENCES:

Please provide three (3) personal or professional reference(s) below:

Name:	Phone: () -	Email:
Occupation:	Address:	

Name:	Phone: () -	Email:
Occupation:	Address:	

Name:	Phone: () -	Email:
Occupation:	Address:	

VII. CERTIFICATION OF VOLUNTEER APPLICANT INFORMATION:

I certify that the information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize Kodiak Women's Resource and Crisis Center (KWRCC) to contact the persons listed as referenced and I understand KWRCC may contact others and at any time seek verification of any and all information contained above.

I hereby authorize KWRCC to conduct a Criminal History Check, FBI and/or State of Alaska as deemed necessary. I understand I may be required to submit a fingerprint card for the above stated purpose. I understand that any willful misrepresentation is cause for immediate denial of volunteer opportunities with KWRCC.

Applicant Signature: _____

Date: _____

Please return to:

Kodiak Women's Resource and Crisis Center

422 Hillside Drive or 418 Hillside Drive

Kodiak, Alaska 99615

Attn: Outreach Coordinator



Confidentiality Agreement

I understand that confidential information concerning other persons may become known to me during my association with Kodiak Women's Resource and Crisis Center.

I recognize and support the Kodiak Women's Resource and Crisis Center's commitment to protecting the privacy of all persons. I understand that victims of violence seeking help may be further endangered and that all other persons associated with the Center may be endangered by breaks in confidentiality.

Therefore, I hereby agree to uphold the Confidentiality Policy and Procedures of Kodiak Women's Resource and Crisis Center. Furthermore, I will not divulge any information of any nature regarding Kodiak Women's Resource and Crisis Center clients or their families, staff, board members, or volunteers, which may come to my attention, nor will I seek to gain any such information through my association with the Kodiak Women's Resource and Crisis Center.

I take full responsibility for any legal consequences of any breach of confidentiality.

Signature

Date

Printed Name

Date

Witness

Date

Board Approved 6/28/17

2019 KWRCC MEMBERSHIP FORM

KODIAK WOMEN'S RESOURCE & CRISIS CENTER

418 Hillside Drive, Kodiak AK 99615 | P.O. Box 2122, Kodiak AK 99615

Main: 907-486-6171 | Fax: 907-486-1264 | www.kwrcc.org

Crisis Line: 907-486-3625 or Toll Free: 1-888-486-3625



TODAY'S DATE (MMDDYY): _____

Yes, I want to support KWRCC in their commitment to improve the safety and status of women on Kodiak Island and to assist women and children who are victims of Domestic Violence and Sexual Assault.

NAME:			
MAILING ADDRESS:		CITY/STATE/ZIP:	
PHONE:		WORK/CELL:	
EMAIL:			

ANNUAL MEMBERSHIP OPTIONS:

- | | | |
|--|---|--|
| <input type="radio"/> Family: \$50.00 | <input type="radio"/> Contributing: \$100.00 | <input type="radio"/> Business: \$100.00 |
| <input type="radio"/> Regular: \$30.00 | <input type="radio"/> Senior/Student: \$20.00 | <input type="radio"/> Lifetime: \$500.00 |

** Memberships are valid through the day prior to the Annual Membership Meeting.
If the membership fee is a financial hardship, please contact KWRCC.*

I AM INTERESTED IN VOLUNTEERING AT KWRCC. ☐ Yes ☐ No ☐ Maybe, please contact with more info.

IF ANSWERED "YES" OR "MAYBE," PLEASE INDICATE WHAT AREAS YOU MAY BE WILLING TO HELP WITH:

- | | | |
|---|---|--------------------------------------|
| <input type="radio"/> Crisis Line | <input type="radio"/> On-Call Transportation | <input type="radio"/> Committee Work |
| <input type="radio"/> Newsletter | <input type="radio"/> Processing Donations | <input type="radio"/> Other |
| <input type="radio"/> Building/Office Maintenance | <input type="radio"/> Sexual Assault Advocacy | _____ |

I WOULD LIKE TO SEE THE FOLLOWING WORKSHOPS OFFERED AT KWRCC: _____

I HAVE THE FOLLOWING AREAS OF EXPERTISE OR INTEREST IN WHICH I COULD CONDUCT A WORKSHOP/TRAINING:

I GIVE PERMISSION FOR MY NAME/BUSINESS TO BE PUBLICLY ACKNOWLEDGED? ☐ Yes ☐ No

PROVIDED KWRCC SERVICES

- | | |
|---|---|
| <ul style="list-style-type: none">• 24-Hour Crisis Line• Immigrant Women's Program• Advocacy & Support• Outreach & Education including all Kodiak Villages | <ul style="list-style-type: none">• Shelter for Victims of Domestic Violence & Sexual Assault• Support Groups for Women in Crisis & Transition• Community Coordinated Response Team (CCR)• Sexual Assault Response Team (SART) |
|---|---|

~ Member: Alaska Network on Domestic Violence and Sexual Assault ~