



VOLUNTEER APPLICATION

(Direct or Non-Direct Service)

Please Print Clearly

Name _____

Address _____

City/State/zip _____

Phone _____ Mobile or Home (circle one)

Email _____

Freedom house considers volunteer applicants without regard to sex, race, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship to Freedom House.

If you have any questions or require further information, Please contact Trisha Schafer Manager of Community Relations & Volunteer Services.

THANK YOU for sharing your valuable Time & Talents with us!

FREEDOM HOUSE

Domestic Violence & Sexual Assault Services

PERMISSION TO RELEASE INFORMATION

APPLICANT

I hereby authorize a representative of Freedom House to conduct a background check including criminal proceedings, civil proceedings (i.e. Order of Protection), and traffic violations in conjunction with their official duties.

A motor vehicle violation check will be performed bi-annually. A copy of a valid driver's license and valid proof of insurance card will be due to us every six months.

All Fields Required

Please Print Full Name:

FIRST _____ MI _____ LAST _____

Current address: _____

City _____ State _____ Zip code _____

How long at current address _____ (If less than 7 years indicate former address below)

Former address: _____

Date of birth: _____

Maiden name: _____

Alias (other names used by you): _____

List all states and counties you have resided in for the last 7 years:

Are you currently or have you ever been a client of Freedom House? YES _____ NO _____

Are there currently or has there ever been an Order of Protection in any state or county naming you as the Petitioner or the Respondent? Yes _____ No _____

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Freedom House. I have read the above waiver and fully understand what rights I am waiving by signing this document.

SIGNATURE _____

DATE _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

FREEDOM HOUSE
Trisha Schafer -

(Submitting Agency Fax Number)
(Submitting Email Address)

Manager, Community Relations & Volunteer Services
440 Elm Place
Princeton IL 61356

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Print Form

FREEDOM HOUSE

Domestic Violence & Sexual Assault Services

DRUG AND ALCOHOL POLICY

Freedom House recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe healthy work environment for its volunteers. Although the vast majority of volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

- 1- The Agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on Agency property, in the presence of Agency clients, while on duty, during rest periods and break periods, while operating an Agency vehicle or attending an Agency-sponsored event.
- 2- Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency's right to terminate a volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
- 3- The agency retains the right to require any volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury-to persons or damage to property.
- 4- Volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.

I have read and understand the Drug Free workplace Compliance Statement. By signing below, I agree to comply with the *Freedom House* Drug and Alcohol Policy.

Signature of Applicant

Date

FREEDOM HOUSE

Confidentiality Agreement For Non-Clients, Board Members, Staff, Volunteers and Other Principals of Freedom House

Confidentiality, protection for the privacy of client/guest communications and information of others, is the shared responsibility of those associated with Freedom House. Confidentiality of client/guest communications is privileged by law in accordance with the Illinois Domestic Violence Act of 1986. **All Non-Clients, Board Members, Staff, Volunteers or other Principals of Freedom House are legally responsible for maintaining the confidentiality of all guests/clients.**

As a staff member, board member, volunteer or other principal associated with Freedom House, I agree to: *(please initial each item)*

1. _____ respect all Freedom House clients/guests, their children and maintain their confidentiality;
2. _____ have no discussion of or disclose any client/guest identity, issues or any other information clients/guests may reveal;
3. _____ understand that the reason for keeping confidentiality is the privacy, safety and well being of clients/guests, and their families, as well as others who may be associated with Freedom House;
4. _____ understand that this agreement is effective regardless of whether I continue to be employed by or associated with Freedom House;
5. _____ understand that as a staff member, volunteer, board member or other principal of Freedom House I may be asked to explain any alleged breach of confidentiality with regard to intent. Purposeful, repetitive, malicious or damaging breaches in confidentiality may affect my eligibility to continue my formal or informal association/employment with Freedom House.
6. _____ respect the Illinois Domestic Violence Act of 1986 and understand that I am legally responsible to maintain the confidentiality of all guests/clients.

(Participant Signature)

(Date)

FREEDOM HOUSE

Acknowledgment of Mandated Reporter Status Child Abuse

I, _____, understand that when I am a paid employee or a volunteer of Freedom House, I will become a **mandated reporter of child abuse** under the Abused and Neglected Child Reporting Act (IL Rev. Stat. Ch. 23, Paragraphs 2051 *et seq.*). This means that I am required to report or cause a report to be made to the Child Abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my official capacity with Freedom House may be abused or neglected.

I further understand that the privileged communication between me and those seeking services at Freedom House is not grounds for failure to report suspected child abuse or neglect. Failure to report is punishable in Illinois as a Class A misdemeanor.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

(Print Name)

(Signature)

(Date)

FREEDOM HOUSE

Acknowledgment of Mandated Reporter Status Elder Abuse

I, _____, understand that when I am a paid employee or a volunteer of Freedom House, I will become a mandated reporter of elder abuse under the Adult Protective Services Act (1988). This means that I am required to report or cause a report to be made to the Illinois Adult Protective Services 24-hour Hotline (1-866-800-1409) whenever I have reasonable cause to believe that a person over age 50 known to me in my official capacity with Freedom House may be abused, neglected or exploited.

I further understand that the privileged communication between me and those seeking services at Freedom House is not grounds for failure to report suspected elder abuse or neglect. Failure to report is punishable in Illinois as a Class A misdemeanor.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Adult Protective Services Act.

(Print Name)

(Signature)

(Date)

FREEDOM HOUSE

Domestic Violence & Sexual Assault Services

Emergency Contact Information

Name _____ Home Phone _____

In the event of an emergency such as illness, accident, etc., please list the names of the people you would like us to contact. Please list at least two or more if possible. Also, if you have school age children, please list their names, the name of the school and phone number.

Emergency Contact Name	Relationship	Phone Number

Name of Children in School	Name of School	School's Phone Number

If you have any known allergies to any medications, please list them here:

FREEDOM HOUSE

Domestic Violence & Sexual Assault Services

REFERENCES

We take your commitment to volunteer at Freedom House very seriously and wish to engage volunteers completely vested in our mission.

For this reason, please supply us with three personal and professional references that we can check prior to you becoming a volunteer with Freedom House.

Thank You!

VOLUNTEER NAME: _____

DATE OF VOLUNTEER INTERVIEW: _____

INTEREST IN BECOMING DIRECT SERVICE VOLUNTEER: _____

REFERENCES

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ **WORK PHONE:** _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ **WORK PHONE:** _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ **WORK PHONE:** _____