



# NEW VOLUNTEER PAPERWORK

Thank you for your interest in volunteering! With the amazing support of volunteers PADV is able to carry out our mission *to end the crime of intimate partner violence and to empower its survivors*. Please complete this paperwork to begin the process of joining our team!

Please submit all completed paperwork to:

**Bre'Shae Pittman**

Volunteer Coordinator

[Breshae.Pittman@PADV.org](mailto:Breshae.Pittman@PADV.org)

Phone: (404) 991-7413

Fax 404-870-9611

## PADV Volunteer Application

### Personal Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_  


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


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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_  


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**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  


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**Email:** \_\_\_\_\_ **Preferred contact method:** \_\_\_\_\_  


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**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  


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**Phone:** \_\_\_\_\_  


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### Education & Employment

**Highest Level of Education:**     High School     B.A. Degree     Master's     Doctorate  


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**Alma Mater(s):** \_\_\_\_\_  


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**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_  


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**Work Phone:** \_\_\_\_\_ **Status:**     Part-time     Full-time  


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### Background Information

**Have you ever been charged with a misdemeanor or a felony?**     Yes     No  


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**If yes, please explain:** \_\_\_\_\_  


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**Do you have any special medical needs?**     Yes     No    **If yes, please explain:** \_\_\_\_\_  


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### Volunteer Interest

**Do you have volunteer experience?**     Yes     No    **If yes, where?** \_\_\_\_\_  


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**Length of volunteer service?** \_\_\_\_\_ **Reason for leaving?** \_\_\_\_\_  


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**How did you hear about PADV?** \_\_\_\_\_  


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**Which location do you prefer?**     Gwinnett     Fulton     Decatur (Admin only)  


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**Please list your availability and times:**

**Sun:**

**Sat:**

**Mon:**

**Tues:**

**Wed:**

**Thurs:**

**Fri:**

**What areas are you interested in volunteering? Please check all that apply.**

- Crisis Line       Legal Advocacy       Children's Program       Administrative  
 Shelter Support       Support Group       Special Events       Outreach  
 Life Skills (Please explain the life skill(s) you can teach):

**1. What skills, training or knowledge do you wish to utilize at PADV?**

**2. Why have you chosen to volunteer with a domestic violence agency?**

**3. Do you have any safety concerns with the population that PADV serves? If yes, please explain.**

**4. In your view, what are the causes of domestic violence?**

**5. Are you able to commit to volunteering at least 4 hours per month for a minimum of six consecutive months?     Yes     No**

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**\*PADV policy requires that individuals wait at least 12 months after experiencing domestic violence before applying to volunteer. Please initial to acknowledge this policy:**

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**Please list 3 references including at least 1 professional reference**

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**1) Name: Email/Phone:**

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**2) Name: Email/Phone:**

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**3) Name: Email/Phone:**

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### **Applicant Agreement**

I authorize Partnership Against Domestic Violence to make an inquiry into the statements made by me on this application and relevant information in the volunteer consideration process. I also authorize inquiry to be made concerning information on character, general reputation, work history, arrest record, and eligibility to work in the United States. I acknowledge and agree that any falsification, misrepresentation or omission of facts, will, at the option of PADV, result in making this application null and void, and will, if I become associated on a voluntary basis, result in termination of my voluntary association. I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate PADV to extend association on a voluntary basis. This certifies that statements given on this application are true and complete to the best of my knowledge.

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SIGNATURE

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DATE

*Partnership Against Domestic Violence is a voluntary affiliation organization that complies fully with all State and Federal Laws prohibiting discrimination because of age, sex, race, religion disability, veteran status, sexual orientation, or national origin and laws pertaining to eligibility to work in the United States.*



# CJCC

Criminal Justice Coordinating Council



## Partnership Against Domestic Violence Volunteer Contract VOCA/VAWA Grants

I, \_\_\_\_\_, agree to the following as a volunteer for Partnership Against Domestic Violence. I will:

1. Work a schedule mutually acceptable to the agency and volunteer (*PADV prefers that shelter volunteers sign up for a minimum of 4 hours per month for the sake of service continuity*);
2. Become thoroughly familiar with the policies and procedures set forth by the agency;
3. Be prompt and reliable in reporting to work and keep an accurate record of hours worked by signing in and out on the appropriate forms;
4. Attend orientation and training sessions, as required, and undertake continuing education provided by the agency as necessary to maintain competence;
5. Provide the Volunteer Coordinator advanced written notice of resignation or requesting leave of absence;
6. Notify the program staff as early as possible if unable to report to work;
7. Perform with dignity and caution when acting as a representative of the agency;
8. Avoid entering into any agreements with third parties or assuming any third party responsibilities on behalf of the agency;
9. Maintain confidentiality of all client information and all other information deemed confidential by the agency;
10. Maintain the security of the agency at all hours and help promote the safety of other volunteers, program staff, and clients;
11. Assist in any temporary job assignments outside those specified in the particular job description should it be beneficial to the agency and within the scope of the volunteer's time or skills;
12. Treat other volunteers, program staff, and clients with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disability, gender, or age.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**This contract is valid throughout the duration of your volunteering term at PADV.**



## VOLUNTEER IMPORTANT INFORMATION

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**OCGA 19-13-23 (a) Any person who knowingly publishes, disseminates, or otherwise discloses the location of family violence shelter is guilty of a misdemeanor.**

Partnership Against Domestic Violence prosecutes anyone who discloses the location of our shelters or information concerning the confidentiality of our residents.

Thank you for volunteering with PADV. The importance of maintaining appropriate boundaries with PADV's shelter clients is a key critical component of volunteering for PADV. Maintaining these boundaries ensures that all our women and children in shelter receive equal and fair treatment and that our services remain guided by professional standards.

You have been approved to visit our shelter location and will be in direct contact with our clients. **Below are procedures that must be followed during and after your visit:**

- Under no circumstances are you allowed to give rides to our shelter clients unless you are authorized to do so;
- Do not take any photos or 'check in' with your smartphone at the shelter;
- Do not lend or give money directly to our shelter clients;
- Do not communicate with our shelter clients via social media such as Facebook, Twitter, etc.;
- Do not socialize with our shelter clients outside of the shelter;
- Do not give out your personal cell phone number to shelter clients or ask clients for their personal cell phone number;
- Do not show up at the shelter after your approved volunteer service date (unannounced) – all visitors/volunteers must get approval to return to the shelter by calling the Volunteer Coordinator at 404-309-9096.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME



## CONFIDENTIALITY POLICY FOR VISITORS

It is a misdemeanor offense in the state of Georgia to reveal the location of a domestic violence shelter. Partnership Against Domestic Violence prosecutes anyone who discloses the location of our shelters or information concerning the confidentiality of our residents.

I, \_\_\_\_\_, a visitor or other agent of PADV, do hereby acknowledge my full and complete understanding of the terms regarding confidentiality. By my signature on the line below, I agree to abide by those terms as described above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (cell/home/work) \_\_\_\_\_

***If you are volunteering for a one-time event, please list the reason for your visit:***

***If you are volunteering with a company or organization, please list below:***

Company/Organization \_\_\_\_\_

Title \_\_\_\_\_

**Attested by:** Partnership Against Domestic Violence

\_\_\_\_\_  
PADV EMPLOYEE NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PADV EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

# AUTHORIZATION OF RELEASE OF INFORMATION

***All fields must be filled in. Incomplete forms cannot be processed.***

I, \_\_\_\_\_, hereby give Partnership Against Domestic Violence (PADV) authorization to conduct a criminal, employment history, and/or motor vehicle background investigation. I further understand that information obtained during the investigations may be used as a basis for the denial of appointment or reappointment, as well as, termination of employment. I understand that refusal to sign this release to sign this release will result in termination of the employment or the employment process.

All information I hereby authorized to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for ninety days and that unless otherwise limited by the state or federal regulations, except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

## PLEASE PRINT

Full Legal Name: \_\_\_\_\_  
First M.I. Last

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
State or country if not USA.

Gender:  Female  Male Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorized PADV Management \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# CREDIT CARD PROCESSING REQUEST FOR COGENT BACKGROUND CHECK

***Incomplete forms cannot be processed.***

## CREDIT CARD INFORMATION

Date: \_\_\_\_\_ Department: Volunteer

Requested By: \_\_\_\_\_

Description of Expense: **Cogent Background Check**

Credit Card Type:  Visa  Master Card  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_ CVC2 Code: \_\_\_\_\_

Payment Amount (US Dollars): **\$49.25** *(This amount is paid to Cogent and is non-refundable.)*

## CREDIT CARD BILLING INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Info: \_\_\_\_\_

## PAYMENT INFORMATION

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Approval Code: \_\_\_\_\_

Declined

Notes: