

# Middle Way House Volunteer Application

Name:


LAST NAME (PRINT NEATLY)


FIRST NAME & M.I. (PRINT NEATLY)

Previous Names Used (Maiden Name, etc.): \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

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

Previous Counties Lived In (Past 5 Years): \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Date of Application/Training: \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_

\_\_\_\_\_

## **Please answer the following questions:**

1) Why have you chosen to volunteer with Middle Way House?

\_\_\_\_\_

\_\_\_\_\_

2) Do you have any past experience working or volunteering with agencies that provide services to survivors of domestic violence or sexual violence?

\_\_\_\_\_

\_\_\_\_\_

*Information shared with us in this application will remain confidential to Middle Way House program coordinators and essential staff members.*

# Middle Way House Volunteer Application

3) What are your views on domestic violence as a social problem?

---

---

4) What do you think motivates a perpetrator to use abusive behavior?

---

---

5) What should be the community's response to survivors of domestic violence?

---

---

6) What should be the community's response to perpetrators of domestic violence?

---

---

7) What have you enjoyed the most in past volunteer experiences? The least?

---

---

8) What special skills or experiences do you bring to Middle Way House? (e.g. special training or education; foreign language proficiency; computer skills)

---

---

9) Please list any campus or community clubs or organizations you are involved in.

---

---

10) Would you like to check in with a staff member before joining a volunteer program? (We offer this opportunity for anyone who would like to check in, but we are especially committed to supporting survivors of domestic violence or sexual violence seeking to volunteer with us in whatever way needed!)

---

---

# Middle Way House Volunteer Application

11) In what languages are you fluent?

---

**Please provide 2 references (note: only one may be a family member):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

**If you are an Indiana University Service Learner, please fill out the following:**

Course Name & Number: \_\_\_\_\_

Professor: \_\_\_\_\_

Professor's Email: \_\_\_\_\_

# Middle Way House Volunteer Application

## Computer Usage Policy

Middle Way House Recognizes that the use of email and the internet has many benefits and can make workplace communication more efficient and effective. Employees and volunteers are, however, barred from accessing the internet for any unethical or unlawful purposes, including viewing, downloading, or exchanging pornography, violence, gambling, racism, or harassment. Consequences of violating this policy include termination.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Driver Safety Rules

1. The use of a company vehicle while under the influence of intoxicants or other drugs is strictly forbidden.
2. Cell phone use while driving will be kept to a minimum. Drivers should complete calls while the vehicle is in park, or using safe, hands-free accessibility features. No texting and driving.
3. All drivers and passengers must wear seatbelts.
4. All State and local laws must be obeyed.

Failure to obey this policy may result in disciplinary action, up to and including termination.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Whistleblower Policy

A whistleblower is defined by this policy as a volunteer of Middle Way House who reports an activity that they consider to be illegal or dishonest. If a volunteer has knowledge of a concern about illegal, dishonest, or fraudulent behavior or activity, the volunteer is to contact their immediate supervisor. Volunteers who do not follow this policy will be subject to discipline, up to and including termination. Volunteers who believe they are being retaliated against must contact their immediate supervisor or the Executive Director. The right of a whistleblower to protection against retaliation does not include immunity for any person who has been found to have engaged in wrongdoing.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Drug-Free Workplace Policy

As a consequence of accepting funds from the state of Indiana, Middle Way House Inc. is required to maintain a drug-free workplace. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Middle Way House and The Rise. Any employee or volunteer found guilty of drug abuse violations occurring in the workplace may face action up to and including termination.

Addiction is a serious issue, and if you feel you may have a substance dependency we are happy to make referrals to a variety of treatment options in and around our community--individuals in recovery are welcome to volunteer. Speak to a program coordinator for more information.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Information shared with us in this application will remain confidential to Middle Way House program coordinators and essential staff members.*

# Middle Way House Volunteer Application

## Volunteer Contract

I, \_\_\_\_\_, understand that Middle Way House and The Rise provide shelter for abused individuals and their children and that confidentiality is crucial to residents' safety and goal attainment. Therefore, I agree not to discuss any of the families or individuals I interact with by name, or to refer to any other identifying information with anyone not directly affiliated with Middle Way House or The Rise. I also will not discuss any client or family with any other clients or families at Middle Way House or The Rise. I agree that if I see clients or their children at a location other than Middle Way House or The Rise, I will not show any sign of recognition unless they acknowledge me first.

I agree to treat all survivors and their families with dignity and respect for their rights as individuals. In accordance with Middle Way House's philosophy of empowerment, I agree to maintain a nonjudgmental attitude, offering my support for whatever decision a client makes with regards to their future plans.

I understand the critical importance of maintaining consistent coverage in the volunteer programs I will be joining. Therefore, I will demonstrate dependability by being on time, remaining at my post until the next scheduled person arrives, and by seeking my own replacement or assistance if I am unable to complete my shift obligations on my own.

I understand that Middle Way House must provide a safe environment for the individuals who use our services and their children. Therefore, I allow Middle Way House staff to conduct a limited background check on me, using my name, date of birth, race, and sex as identifying characteristics.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Information shared with us in this application will remain confidential to Middle Way House program coordinators and essential staff members.*

# Middle Way House Volunteer Application

## Code of Ethics & Nature of Work Agreement

Middle Way House Inc. provides services to those who need them without regard to race, religion, gender, age, nation of origin, ability, or affectional orientation. Every employee and volunteer shall agree to and sign the following Code of Ethics Statement before being employed by MWH. A signed copy shall be included in each personnel folder:

I understand that Middle Way House, Inc. is a program for victims of abuse, and that confidentiality is crucial to clients' safety and goal attainment. Therefore, I agree not to discuss any of the families or individuals by name or refer to any identifying information with anyone not directly affiliated with Middle Way House, Inc. I agree that if I see clients or their children at a location other than Middle Way House, Inc., I will not show any sign of recognition unless they do so first.

I agree to treat all residents, call-in and walk-in clients with dignity, respect, and concern for their rights as individuals. I agree to maintain a non-judgmental attitude, offering my support for whatever decisions residents/callers choose to make with reference to reporting their victimization, making use of available remedies, or their future plans. I agree to provide victim-centered, trauma-informed communications and services. I agree not to discuss one resident/client with another.

I understand the importance of maintaining coverage 24 hours per day, 365 days per year. Therefore, I will demonstrate dependability by being on time, remaining at my post until the next scheduled person appears, and by seeking my own replacement should I be unable to fulfill my shift responsibility.

To ensure security at any Middle Way House facility, I will make periodic checks of the doors, windows, and alarms in my work area. I will present the log-in/confidentiality agreement to all visitors to the premises that I admit and I will assure that any minors visiting or volunteering at shelter are supervised.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Information shared with us in this application will remain confidential to Middle Way House program coordinators and essential staff members.*

# Middle Way House Volunteer Application

## Confidentiality Agreement

I understand that Middle Way House, Inc. serves individuals and children who have experienced domestic violence and that confidentiality is crucial to residents' safety and goal attainment. Therefore, I agree not to discuss any of the families, individuals or children by name, or refer to any other identifying information with anyone not directly affiliated with Middle Way House or The Rise. Neither will I discuss any of the families, individuals or children to other Middle Way House or Rise clients/residents. I also agree that if I see clients or their children at a location other than Middle Way House or The Rise, I will not show any sign of recognition unless they acknowledge me first.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Permission to Perform Background Check

I hereby authorize Middle Way House/The Rise to perform a check of my background, including:

- Limited Criminal History
- Personal References

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for a volunteer position at Middle Way House.

I understand that information collected during this background check will be limited to that necessary in determining my suitability for certain volunteer positions and that all such information collected during this check will be kept confidential.

I hereby provide my permission to individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability as a volunteer.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature/Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Information shared with us in this application will remain confidential to Middle Way House program coordinators and essential staff members.*