



CHECK LIST FOR RECEIPT OF ENCLOSED ITEMS

Included in this packet you will find:

- ❖ Intern Application Form
- ❖ Contract for Volunteers
- ❖ Volunteer Release and Waive of Liability
 - ❖ Release of Criminal History
 - ❖ Confidentiality Agreement

Items to be completed and returned:

- ❖ Intern Application Form
- ❖ Contract for Volunteers
- ❖ Volunteer Release and Waiver of Liability
 - ❖ Release of Criminal History
 - ❖ Confidentiality Agreement
- ❖ **Copy of Your Driver's License or a State Issued Photo ID**

Forms should be printed, completed in full, and mailed to:

Peace Place Inc.
Attn: Executive Director
PO Box 948
Winder, GA 30680



CONFIDENTIALITY AGREEMENT

I understand the necessity of maintaining the confidentiality of the Peace Place Shelter. I shall not disclose the shelter's location (a misdemeanor offense by Georgia Law, O.C.G.A. §19-13-23), nor any information regarding its residents, staff, or volunteers without, express authorization from the shelter director.

Printed Name: _____

Signature: _____

Date: _____

Reason for being at the shelter: Interning.

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INTERN APPLICATION

NAME: _____ DATE: _____

PERSONAL INFORMATION

GENDER: _____ AGE: _____

DATE OF BIRTH: _____

CONTACT INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

EMAIL ADDRESS: _____

BEST WAY TO CONTACT YOU: _____

EXPERIENCE:

CPR/ FIRST AID CERTIFIED: NO YES

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What SKILLS/ EDUCATION do you bring to the agency?

Check all that apply:

- ___ ADMINISTRATIVE ASSISTANCE
- ___ ADULT CLASSES/SUPPORT GROUPS
- ___ CHILDCARE
- ___ CHILDREN GROUP ACTIVITIES
- ___ DONATIONS PICK UP
- ___ FUNDRAISING
- ___ HOTLINE

- ___ MAINTENANCE
- ___ SURVIVOR
- ___ SPECIAL EVENTS PLANNING
- ___ TRANSLATION: _____
- ___ THRIFT STORE
- ___ TUTORING
- ___ OTHER: _____

Why do you want to intern at Peace Place?

SERVICE HOURS

AVAILABLE : WEEKDAYS WEEKNIGHTS WEEKENDS

PREFERRED DAY/DAYS OF SERVICE: _____

COLLEGE/UNIVERSITY ATTENDING: _____

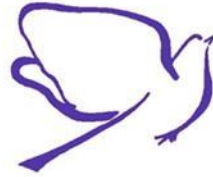
DEGREE: _____

ADVISOR/PROFESSOR: _____

NUMBER OF HOURS REQUIRED: _____

HOURS MUST BE COMPLETED BY: _____

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CONTRACT FOR VOLUNTEERS

PEACE PLACE INC. AGREES:

1. To work with volunteers to ensure that assignment is appropriate and of interest to the volunteer.
2. To provide periodic training to whatever extent is necessary to maintain competence.
3. To discuss and problems with job performance with the volunteer prior to termination of service if reasons for dismissal occur.
4. To treat volunteers and paid staff with dignity and respect without regard to race, culture, ethnicity, religion, sexual orientation, disabling condition, gender, or age.
5. To provide job and character references for volunteers in search of future employment.

THE VOLUNTEER AGREES:

1. To become thoroughly familiar with, and act according to the policies and procedures set forth by the agency.
2. To attend orientation and training sessions as needed.
3. To be prompt and reliable in reporting to work.
4. To maintain the confidentiality of all resident and non-resident information and all other information deemed confidential by the agency.
5. To treat volunteers, paid staff, residents, and non-residents with dignity and respect without regard to race, culture, ethnicity, religion, sexual orientation, disabling condition, gender, or age.
6. That I will not be a paid employee of Peace Place Inc. and will not receive any financial compensation for volunteering. I also certify that I am at least eighteen (18) years of age.

Agreed to this _____ day of _____, 20_____.

Volunteer Coordinator

Print Name

Volunteer Signature



Volunteer Contract VOCA/VAWA Grants

I, _____, as a volunteer for Peace Place agree
Please Print Please Print

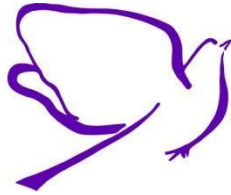
to the following:

1. Work a schedule mutually acceptable to the agency and volunteer;
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.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

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VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This is a Volunteer Release and Waiver of Liability ("Release") executed on this date, _____ by _____ (the "Volunteer"), in favor of Peace Place, Inc., a non-profit corporation, its members, employees, and agents (collectively "Peace Place"). Volunteer desires to engage in activities related to volunteering in Peace Place's thrift store and shelters for victims of domestic violence (the "Activities").

Volunteers hereby knowingly, intentionally, purposively, freely, voluntarily, and without duress execute this Release under the terms below:

Release and Waiver. Volunteer does hereby forever release, discharge, and hold harmless Peace Place and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise directly or indirectly from the Activities. Volunteer understands that this Release discharges Peace Place from any liability or claim that Volunteer may have against Peace Place with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's participation in the Activities. Volunteer also understands that Peace Place does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to the Volunteer, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.

Medical Treatment. Volunteer does hereby forever release, discharge, and hold harmless Peace Place, its successors and assigns from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or medical service rendered in connection with the Volunteer's Activities.

Insurance. The Volunteer understands that, except as otherwise expressly agreed by Peace Place in writing; Peace Place does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.

Assumption of Risk. Volunteer acknowledges and agrees that the Activities include work and other activities that may be hazardous to the Volunteer, including without limitation, heavy lifting, minor repair and construction projects, and exposure to machinery and vehicles. Volunteer hereby expressly, specifically, knowingly, intentionally, purposively, personally, and solely assumes all risk of injury or harm that may result, directly or indirectly, from, during, or with respect to Activities, and forever releases and discharges Peace Place from all liability or claim for injury, illness, death, or property damage resulting indirectly or directly from the Activities.

Governing Law. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, United States of America and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia, United States of America.

Severability. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be fully enforceable.

Successors. Each provision of this Release shall bind a Volunteer and his or her legal representatives. The term "legal representatives" is used in this Release in its broadest possible meaning and includes, but is not limited to, all successors-in-interest, heirs, executors, administrators, or other personal representatives, whether such successions results from the acts of the Volunteer or occurs by operation of law.

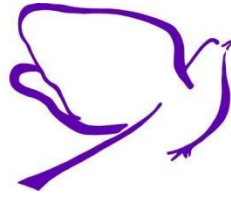
I specifically acknowledge that I personally have read through the previous paragraphs, and I know, understand, and appreciate the risks that are inherent in the activities I will undertake as a volunteer. I understand that I am permanently giving up substantial rights, including, but not limited to, my right to sue. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I further acknowledge that I have had an adequate opportunity to review this with counsel of my choosing, and that I knowingly, intentionally, and purposively execute this instrument.

Volunteer's Signature: _____

Volunteer's Name Printed: _____

Date: _____

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INTERN GRIEVANCES

IF YOU HAVE A CONFLICT

1. First discuss issues with employee.
2. If not resolved, discuss with Executive Director.
3. If not resolved, prepare a written summary of your concerns, and request this summary to be reviewed by the Executive Committee of the Peace Place Board.
4. The decision of this group is final.

IF THERE IS A PROBLEM WITH A RESIDENT OR RESIDENT'S CHILD

1. Go immediately to a staff person and discuss problem with them.

Physical and verbal abuse is prohibited at the shelter, including the use of physically and verbally disciplining of children. If a shelter resident becomes verbally abusive with another resident, child or volunteer, the volunteer should notify a staff person immediately and should not attempt to de-escalate the situation. Volunteers are not to engage in verbal or physical abusive language with shelter residents.

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Georgia Crime Information Center

Consent Form

I hereby authorize Peace Place Inc.
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (Purpose code 'E')

.....
DO NOT WRITE BELOW THIS LINE
.....

Georgia Criminal Record: YES _____ NO _____

SID #: GA _____

Inquiry Made by: _____

Date: _____



BARROW COUNTY SHERIFF'S OFFICE

652 Barrow Park Drive
Winder, Georgia 30680