



## Intern/Volunteer Application

Thank you for your interest in getting involved with our agency! In this packet you will find information on the many ways Safe Passage supports survivors and an application where you can tell us a little bit about yourself and how you'd like to become involved. Once you've filled out your application, please return it to our main office during normal business hours or via email.

850 N. 4<sup>th</sup>  
Coeur d'Alene, ID  
admin@safepassageid.org

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### **Direct Client Contact Opportunities**

Safe Passage supports survivors of sexual and domestic violence in many capacities and places which include, but are not limited to; the emergency department, detention facilities, the courts, local schools, at our safe shelter, Children's Advocacy Center, and main office location. Our work centers around empowering those we serve by providing information and options, enhancing safety, and increasing autonomy and choice for survivors. We create a non-judgmental space where advocates work in partnership with survivors. This volunteer position offers the opportunity to support survivors in a wide range of settings.

### **Non-Direct Client Contact Opportunities**

Safe Passage is committed to educating community members on the dynamics of sexual assault and domestic violence. We do this through presentations, prevention programs and outreach events. Our outreach activities include, but are not limited to; presentations to groups, schools and community members, prevention programming based in school, work and town settings, and participating in community engagement events. Volunteering in this capacity offers the opportunity to connect our community to the work we do and create an awareness around our services, the dynamics of domestic and sexual violence and ways that individuals, community members and organizations can respond.

### **Fundraising/Administrative Opportunities**

This is a versatile position which requires innovative thinking and a person that is project oriented. As a fundraising/administrative volunteer, your responsibilities could include the following: inspiring new supporters to raise money, develop new and imaginative fundraising ideas, raise awareness of the work at the local level, assist in organizing fundraising events, increase funds by researching and targeting charitable entities whose criteria match the Safe Passage aims and activities, assist with developing and implementing a strategy for individual and corporate support as well as other administrative activities that directly contribute to the work that Safe Passage does.

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Intern/Volunteer Application

Received by:  
Date:

**Personal Information:**

Name \_\_\_\_\_  
*First* *Last*

Address \_\_\_\_\_  
*Street* *City/State*

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Availability:**

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Hours Available							

*\*Availability will have a bearing on whether certain volunteer/intern opportunities may be an option  
\*Please don't leave this section blank/must be filled in to be considered*

**Interests:**

*What opportunities to get involved interest you the most?*

- \_\_\_ Direct Client Contact
- \_\_\_ Non-Direct Client Contact
- \_\_\_ Fundraising
- \_\_\_ Administrative

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR INTERNS ONLY**

School: \_\_\_\_\_

Program: \_\_\_\_\_

Number of Hours Needed: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

**For ALL applicants**

*Tell us a little bit about why you want to get involved with Safe Passage:*

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*List any training, skills, or experience that you would bring to a position with us:*

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*What personal qualities would help you to be successful in this volunteer/intern position?*

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*Have you had any experience related to working in the field of sexual and domestic violence?*

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*List any past volunteer experience:*

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- If required, are you willing to complete our 20 hour Crisis Intervention Training? \_\_\_ Yes \_\_\_ NO
- We are required to do a background check on all staff, volunteers, and interns. Are you willing to have this done? \_\_\_ Yes \_\_\_ No
- All staff and volunteers are mandated reporters of child, disabled, and elderly adult abuse, as well as suicide and homicide. This means that if a client informs you of any of these you are required by law to report the information. Are you willing to abide by this procedure? \_\_\_ Yes \_\_\_ No
- Anti-discrimination Policy

Safe Passage's employment decisions are based on merit, qualifications, and abilities to provide equal employment and advancement opportunities to all individuals. Safe Passage does not discriminate against any person because of race, color, creed, religion, sex, national origin, disability, age, genetic information, sexual orientation, gender identity, and gender expression or any other legally protected characteristic or class ("protected status"). This nondiscrimination policy extends to all terms, conditions, and privileges of recruitment, hiring, and employment as well as to the use of Safe Passage facilities, participation in Safe Passage -sponsored activities, and employment actions such as promotions, compensation, benefits, and termination of employment. Are you willing to abide by this policy? \_\_\_ Yes \_\_\_ NO

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer/intern, any false statements, omissions, or other misrepresentations made by me on the application may result in my immediate dismissal.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### Thank you for your interest in Safe Passage!

We will review your application and be in touch regarding next steps! If you have any questions, please email [admin@safepassageid.org](mailto:admin@safepassageid.org)

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**RELEASE OF LIABILITY FORM**

For and in consideration of my being allowed to participate in the programs that Safe Passage offers under the auspices of Safe Passage and in recognition of my own personal benefit from such program, I do hereby release Safe Passage, and any and all other officers, employees, volunteers, agents, insurers, and individuals or entities affiliated with such persons and/or entities, from any and all civil liability, or any and all forms of injury which may arise as a result of my participation in such a program.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me participating in this program, and I grant a general release, for myself, my heirs, executors, administrators, and assigns, and I waive, remise and forever discharge and release Safe Passage and any and all officers, employees, volunteers, agents, insurers, and any other individuals or entities affiliated with such person and/or entities from any and all claims, several or otherwise, past present, or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental sustained by me while I am participating in said program in any way, including my coming and going from such program.

I understand that this release does not waive any rights I may have under the Worker's Compensation Laws of the State of Idaho. I also expressly understand and acknowledge that this release does not create any rights not specifically and expressly provided to me under the Worker's Compensation laws of the State of Idaho. I further understand that my participation in the aforementioned program does not create any form of employment with Safe Passage and does not grant me any rights that are not expressly provided for by law or contract.

I have read the forgoing and understand the terms of this agreement are contractually and legally binding, and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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### **ETHICAL STATEMENT**

Human interaction, confidential information and discretionary judgments are an integral part of the work at Safe Passage. My signature below is a personal verification that my background and functioning as a citizen and a professional advocate is consistent with the demands of practice as an advocate, intern, or volunteer. I do not have a legal history or a personal history, which would preclude my working as an advocate, intern, or volunteer due to criminality, problems with judgment, or interpersonal interaction which has unduly compromised vulnerable people with whom I have had contact.

I understand that I will be required by the Safe Passage to submit to a criminal background check as a condition of employment, internship, or volunteering.

By signing this, I further understand that this is not a contract and that my position as an employee, intern, or volunteer is at will in accordance with Idaho State Law, and may be terminated at any time by the discretion of the Center's Administrators.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**Safe Passage**

**Volunteer/Employee Policies**

We sincerely appreciate the invaluable contribution made to Safe Passage. Without the work of our volunteers/interns and employees, we could not be as successful. In order for the workplace to operate smoothly and keep the ongoing support of the Safe Passage, the following policies have been established.

Record your time worked as directed by your supervisor.

Place all personal items in the appropriate space at the location in which you are working.

Park in the areas designated for staff/volunteers/interns.

If you smoke, please do so behind the building and dispose of your cigarette in the appropriate receptacle.

Due to liability concerns, please do not bring children with you to work.

Keep conversations and interactions work-place appropriate.

Keep personal visitors to a minimum.

Greet customers/clients in a friendly, professional manner.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**Safe Passage**

**VOLUNTEER PROGRAM AGREEMENT**

This is an agreement made between Safe Passage, and the "Participant"

The parties agree as follows:

- 1. Volunteer Program:** Safe Passage agrees to allow the Participant to participate in the Volunteer Program under the direction Safe Passage staff. The Participant is a volunteer and neither this agreement nor participation in the volunteer program shall be considered as an employment agreement.
- 2. Termination:** Participant and Safe Passage acknowledge and agree that this arrangement may be terminated at any time without cause for any or no reason, and that neither party shall have liability to the other for exercising this right of termination.
- 3. Supervision:** The participating hours of the participant shall be as directed and agreed upon by the supervising agent of the Safe Passage. Participant's activities shall be performed solely at the direction of, and under the supervision of, the agents of the Safe Passage.
- 4. Confidentiality:** As a specific condition of being allowed to participate in the Volunteer Program, the Participant agrees that he/she will not reveal any confidential information obtained during the volunteer program, including, but not limited to, any investigatory records of law enforcement agencies, court records, or any other records fathered or created by Safe Passage dealing with client(s).
- 5. Release:** Participant agrees to execute a General Release of Liability, attached to and incorporated herewith as Exhibit "A" as a condition of participation in the volunteer program.
- 6. Valid State ID or Driver's License:** Participant must possess a valid state issued identification card or driver's license prior to starting.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**Volunteer Emergency Information**

I, \_\_\_\_\_, hereby authorize Safe Passage to utilize the following information in the event I have an emergency due to an illness or accident while working at Safe Passage.

**Emergency Contact Name:**

**Number:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Personal Physician's Name: \_\_\_\_\_

Hospital/Emergency Care Preference: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Pertinent Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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