



Dear Volunteer Candidate,

Thank you for your interest in volunteering with HopeWorks of Howard County! HopeWorks' Volunteer Program is supportive of the organization's two-pronged mission: providing support and advocacy for people in Howard County affected by sexual and intimate partner violence and developing the community engagement necessary for primary prevention.

We are currently accepting applications to become a HopeWorks' Volunteer. Our volunteer application process begins by completing the attached Volunteer Application Packet, which includes:

- The Volunteer Application Form
- Two Reference Forms, one professional and one personal (non-family members please)
- Background Check Form for applicants age 18+ (include **seven years** of address history)

Individuals who clear these procedures will be approved to join our volunteer team pending the successful completion of required training.

### **Required Training**

The purpose of our volunteer program, at its heart, is to build capacity—a process that involves developing and strengthening the skills, instincts, abilities, processes, and resources that individuals, organizations and communities need to thrive. Building the leadership of our volunteers is central to this work. To this end we provide training and self-care opportunities throughout your volunteer career at HopeWorks.

The first required training is the HopeWorks' Step 1 Volunteer Training. The training is interactive with lunch and other breaks. Following the successful completion of Step 1 you will be invited to attend Step 2, the Volunteer Orientation Session.

### **Volunteer Positions**

There are several different ways to volunteer with us. Please refer to the Volunteer Opportunities Flier for a description of each position. Note that we have a high need for Childcare Volunteers. If you have any questions, please contact me at (410) 997-0304 x7761.

Sincerely,

Sandra Price  
Community Educator & Volunteer Program Manager



**APPLY TO BECOME A VOLUNTEER TODAY!**

# EMPOWERED PEOPLE EMPOWER PEOPLE

*providing support and advocacy for people in Howard County  
affected by sexual and intimate partner violence*

learn more at: [hopeworksofhc.org/volunteer/](https://hopeworksofhc.org/volunteer/)

CONTACT US AT 410-997-0304 OR  
VOLUNTEERS@HOPEWORKSOFHC.ORG





# Volunteering

HopeWorks' mission is to support and advocate for people in Howard County affected by sexual and intimate partner violence and to engage the community in creating the change required for violence prevention.

## Childcare Volunteers

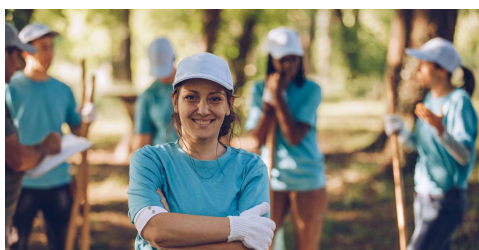
Childcare Volunteers provide much needed on-site childcare for our clients. Volunteers play games, read stories, and create art while supervising children during parent counseling sessions or engagement events. Childcare is needed during the day and evenings, Monday-Friday and occasionally on the weekends. Must be at least 16 years of age.

## Our Earth Volunteers

Our Earth Volunteers tend to the HopeWorks Peace Garden, a 1,000 square foot plot of land located at Freetown Farm. Our Earth Volunteers work alongside HopeWorks staff, Youth Leaders, and the Howard County Community Ecology Institute, to cultivate and maintain the garden. Supplemental training provided by the Our Earth Project coordinators.

## Office Volunteers

Volunteers answer phones, perform data entry, assist with copying, help prepare for workshops, and file as necessary. Office Volunteers are most often needed on weekdays between the hours of 9am and 5pm. Must be at least 18 years of age.



## Engagement Volunteers

Engagement Volunteers assist with special events, trainings, and fundraisers. Engagement Volunteers are needed during the day and evenings, Monday-Friday and occasionally on the weekends. Must be at least 18 years of age. Additional conditions and supplemental interview processes with the Engagement Department apply.

## Legal Department Volunteers

Volunteering in the Legal Department includes serving as a Legal Advocate (providing support and outreach services during the civil domestic violence docket at the District Court), Criminal Case Support Advocates, and Legal Internships. Must be at least 18 years old. Additional conditions and supplemental interview processes with the Legal Department apply.

## Pantry Volunteers

Pantry Volunteers assist our Pantry Manager in cleaning, organizing, and taking inventory of the nonperishable food and personal grooming items we need for our clients. Additional conditions and supplemental interview processes with the Advocacy Department apply.

All volunteer candidates must complete a volunteer application form, pass a background check, and successfully complete Step 1 Training and Orientation. Volunteers must attend the supplemental HopeWorks training as required per position. To receive an application please call (410) 997-0304, email us at [volunteers@hopeworksofhc.org](mailto:volunteers@hopeworksofhc.org) or visit [hopeworksofhc.org/volunteer/](http://hopeworksofhc.org/volunteer/).



# HopeWorks of Howard County Volunteer APPLICATION

DATE:

\_\_\_\_\_

## PERSONAL INFORMATION

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

Nickname: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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

Relationship: \_\_\_\_\_

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

## ADDRESS

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

The City: \_\_\_\_\_ Current State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## VOLUNTEER POSITION DESIRED

I am interested in the following volunteer opportunities: (You may check more than one)

Childcare: ☐ Engagement: ☐

Legal Services: ☐ Our Earth: ☐

Office Volunteer: ☐ Pantry: ☐

### FOR OFFICE USE

Received ☐ Donation ☐ Reference 1 ☐ Reference 2 ☐

Confidentiality ☐ Boundary ☐ Background ☐

9770 Patuxent Woods Drive - Suite 300 - Columbia MD -21046 - (410) 997 - 0304



Please respond to the questions below.

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1. How did you hear about HopeWorks?

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2. Why do you want to volunteer at HopeWorks?

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3. Do you have any past volunteer experience?

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4. What experience/training do you have related to the type of volunteer opportunities you selected?

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5. Some volunteer opportunities at HopeWorks involve dealing with victims in crisis. What type of crisis intervention training or experience have you had?

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6. Have you or anyone you know had a personal experience with domestic violence, dating violence and/or sexual violence? If yes, please explain.

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7. Have you or anyone in your family received services from our agency? Please note services received and last date of service.

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8. Do you have any interests or special skills you would like to offer to the HopeWorks?

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9. Do you have a reliable means of transportation to and from your volunteer opportunity? Y ☐ N ☐

10. Are you currently employed? If yes, where? Y ☐ N ☐

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11. Do you speak, write, and/or understand a language(s) other than English? Y ☐ N ☐

What language(s) 

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Please read carefully, initial each paragraph, and sign below. Thank you.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my initial chances for volunteering, and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure a volunteer position shall be grounds for rejection of this application or for immediate discharge if I have been selected to volunteer, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize HopeWorks to thoroughly investigate my references, work record, education, criminal record, and other matters related to my suitability for a volunteer position. I further authorize the references I have listed to disclose to HopeWorks any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HopeWorks, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any training sessions or other volunteer experiences at HopeWorks is intended to create a volunteer contract between HopeWorks and myself. In addition, I understand and agree that if I am accepted as a volunteer, my volunteer tenure is for no definite or determinable period of time and may be terminated at any time, with or without prior notice, at the option of either myself or HopeWorks, and that no promises or representations contrary to the foregoing are binding on me or HopeWorks unless made in writing and signed by myself and a HopeWorks designated representative.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Applicants under 18 years of age)





# HopeWorks of Howard County Volunteer REFERENCE 1

**Applicant:** Please submit this form after it has been completed by your reference.

**Reference:** The following applicant is interested in becoming a volunteer at HopeWorks. Thank you, in advance, for your honesty about the qualifications of this prospective volunteer.

**Volunteer Applicant's Name** \_\_\_\_\_

**Volunteer Position of Interest** \_\_\_\_\_

1. How long and in what manner have you known this prospective volunteer? \_\_\_\_\_

2. Describe the applicant's rapport with people in general. \_\_\_\_\_

3. How does applicant handle or cope in stressful situations? \_\_\_\_\_

4. What do you consider this applicant's primary positive skills and/or traits? \_\_\_\_\_

5. How comfortable would you be having the applicant work for you on a confidential project? \_\_\_\_\_

6. On a scale of 1-10 (10 is highest) how would you rate applicant's:

a) Level of responsibility

b) Level of commitment to obligations

7. Can we contact you with questions? \_\_\_\_\_

*(Please provide your name, email address, and phone number.)*

**Please return this form to:** Community Engagement Department HopeWorks

9770 Patuxent Woods Drive, Suite 300, Columbia, MD 21046

Phone: 410-997-0304 ext. 7731

volunteers@hopeworksofhc.org



# HopeWorks of Howard County Volunteer REFERENCE 2

**Applicant:** Please submit this form after it has been completed by your reference.

**Reference:** The following applicant is interested in becoming a volunteer at HopeWorks. Thank you, in advance, for your honesty about the qualifications of this prospective volunteer.

**Volunteer Applicant's Name** \_\_\_\_\_

**Volunteer Position of Interest** \_\_\_\_\_

1. How long and in what manner have you known this prospective volunteer? \_\_\_\_\_

2. Describe the applicant's rapport with people in general. \_\_\_\_\_

3. How does applicant handle or cope in stressful situations? \_\_\_\_\_

4. What do you consider this applicant's primary positive skills and/or traits? \_\_\_\_\_

5. How comfortable would you be having the applicant work for you on a confidential project? \_\_\_\_\_

6. On a scale of 1-10 (10 is highest) how would you rate applicant's:

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## APPLICANT RELEASE AND AUTHORIZATION FORM

I HEREBY AUTHORIZE THE DOMESTIC VIOLENCE CENTER OR AUTHORIZED REPRESENTATIVES OF THE COMPANY BEARING THIS RELEASE TO OBTAIN AND RELEASE ANY INFORMATION PERTAINING TO MY BACKGROUND, INCLUDING ANY OF THE SERVICES NOTED BELOW INCLUDING THE RELEASE OF WORKER'S COMPENSATION RECORDS, FOR EMPLOYMENT OR VOLUNTEER PURPOSES. I HEREBY FULLY RELEASE AND DISCHARGE MY PROSPECTIVE EMPLOYER OR OTHER SOURCE PROVIDING INFORMATION FROM ALL CLAIMS AND DAMAGES ARISING OUT OF OR RELATING TO ANY INVESTIGATION OF MY BACKGROUND FOR SAID PURPOSES. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND SIGNED THE ATTACHED NOTICE AND ACKNOWLEDGEMENT REGARDING BACKGROUND INVESTIGATION.

APPLICANT SIGNATURE	
APPLICANT NAME (PRINTED):	
DATE	

APPLICANT INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
ALIAS INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
OTHER INFORMATION		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		
STATE OF ISSUE		
CURRENT ADDRESS		
STREET/CITY/STATE/ZIP CODE		
DATE FROM:	DATE TO:	

PREVIOUS ADDRESS-PLEASE PROVIDE 7 YEARS-ATTACH ANOTHER SHEET IF NECESSARY			
STREET/CITY/STATE/ZIP CODE			
DATE FROM:		DATE TO:	
CURRENT EMPLOYER			
STREET/CITY/STATE/ZIP CODE			
POSITION	SUPERVISOR	TELEPHONE NO.	DATES TO/FROM
PREVIOUS EMPLOYER			
STREET/CITY/STATE/ZIP CODE			
POSITION	SUPERVISOR	TELEPHONE NO.	DATES TO/FROM
EDUCATION/NAME			
STREET/CITY/STATE/ZIP CODE			
MAJOR	MINOR	DEGREE TYPE	DEGREE DATE
DATE FROM:		DATE TO:	

IMPORTANT: FOR CLIENT USE ONLY

MARK AN "X" TO SELECT ANY OF THE FOLLOWING:

ALIAS/AKA

WOULD YOU LIKE NBI TO ALSO CHECK ALIAS/OTHER NAME GIVEN? : Yes\_\_\_ No\_\_\_

(BE ADVISED THERE IS AN ADDITIONAL CHARGE FOR EACH ALIAS NAME REQUESTED)

CRIMINAL HISTORY RECORD SEARCH

<input type="checkbox"/>	ONE COUNTY BUNDLE
<input type="checkbox"/>	TWO COUNTY BUNDLE
<input type="checkbox"/>	STATEWIDE BUNDLE
<input type="checkbox"/>	STATE SEXUAL OFFENDER REGISTRY
<input type="checkbox"/>	US/SOR
<input type="checkbox"/>	SOCIAL SECURITY TRACE
<input type="checkbox"/>	NATIONAL PUBLIC SEX OFFENDER REGISTRY

VERIFICATIONS/CREDENTIALS

EMPLOYMENT	<input type="checkbox"/>
EMPLOYMENT	<input type="checkbox"/>
EDUCATION:	<input type="checkbox"/>
EDUCATION:	<input type="checkbox"/>
LICENSE:	<input type="checkbox"/>
LICENSE:	<input type="checkbox"/>
PLEASE SPECIFY NUMBER OF ITEMS	<input type="text"/>

STATEWIDE SEARCHES

<input type="checkbox"/>	ALABAMA	<input type="checkbox"/>	ARKANSAS	<input type="checkbox"/>	COLORADO	<input type="checkbox"/>	CONNECTICUT
<input type="checkbox"/>	DELAWARE	<input type="checkbox"/>	FLORIDA	<input type="checkbox"/>	GEORGIA	<input type="checkbox"/>	IOWA
<input type="checkbox"/>	ILLINOIS	<input type="checkbox"/>	INDIANA	<input type="checkbox"/>	KANSAS	<input type="checkbox"/>	KENTUCKY
<input type="checkbox"/>	MAINE	<input type="checkbox"/>	MARYLAND	<input type="checkbox"/>	MICHIGAN	<input type="checkbox"/>	MINNESOTA
<input type="checkbox"/>	MISSOURI	<input type="checkbox"/>	MONTANA	<input type="checkbox"/>	NEBRASKA	<input type="checkbox"/>	NEW JERSEY
<input type="checkbox"/>	NEW YORK	<input type="checkbox"/>	NORTH CAROLINA	<input type="checkbox"/>	NORTH DAKOTA	<input type="checkbox"/>	OREGON
<input type="checkbox"/>	PENNSYLVANIA	<input type="checkbox"/>	RHODE ISLAND	<input type="checkbox"/>	SOUTH CAROLINA	<input type="checkbox"/>	SOUTH DAKOTA
<input type="checkbox"/>	TENNESSEE	<input type="checkbox"/>	TEXAS	<input type="checkbox"/>	UTAH	<input type="checkbox"/>	WASHINGTON
<input type="checkbox"/>	WISCONSIN	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

DRIVER QUALIFICATIONS

STATE OF ISSUE/DL No.:

INTERNATIONAL SEARCHES

COUNTRY	PROVINCE
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>