

**HARBOR HOUSE DOMESTIC ABUSE PROGRAMS
APPLICATION FOR TEEN VOLUNTEER PROGRAM**

Date ____/____/____

NAME: _____

ADDRESS: _____

Street _____ PHONE: _____
City _____ State _____ Zip _____

Are you between the ages of 14-17 years old? Yes—No _____ Birthdate: Month _____ Date _____
Year _____

School: _____ Year: 9 \ 10 \ 11 \ 12 (circle one)

Do you need to schedule your volunteer hours around a work schedule? YES NO

How did you hear about Harbor House? _____

List activities you are presently involved in: _____

Do you speak Spanish: YES NO

~~Please mark what days and times that you are available to volunteer:~~

- Monday 4:30-6:00 Hispanic Children's Group
- Monday 6-8:00 For Resident Children
- Tuesday 6:00-7:30 Children's Group
- Wednesday 6:00-7:30 Children's Group
- Thursday 6:00-7:30 Children's Group
- Weekends (Flexible Hours)

Why do you want to volunteer for Harbor House Domestic Abuse Program? (You may check more than one.)

- Help others
- Because my school requires it How many hours required: _____
- I want something to do outside of school and family activities
- I want to learn more about domestic abuse
- I have been encouraged to do so by others Who: _____

Think of a time when you sought or received help from someone.

Describe your feelings about this. Your comments may be either positive or negative: _____

References Please list three:

NAME	ADDRESS	PHONE #	RELATIONS HIP TO YOU

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720 w. fifth street
appleton, wi 54914
(920) 832-1667

Dear Parent or Guardian,

Your teenager, _____, has applied for the position of Teen Volunteer in our Volunteer Program at Harbor House Domestic Abuse Programs. I am writing to you so that I am assured that you are aware of your teen's participation and also, to let you know about our program. One part of our program's purpose is to provide safety to survivors of domestic abuse. We have a forty-four bed shelter for women and their children who are fleeing domestic violence at home. Therefore, please be aware of the possibility that safety concerns may arise.

Please feel free to contact me at 832-1667 with any questions or concerns, or to schedule a tour of the Harbor House shelter. I am very willing to further explain our services, programs and our security procedures.

Teens add a valuable component to our programming. Thank you for supporting your teenager's contribution to Harbor House Domestic Abuse Programs.

Sincerely,

Mary K. Buser
Volunteer Coordinator

Parents Signature Required Below

In signing this statement, I support my teenager's decision to become a Teen Volunteer in the Children's Program at Harbor House Domestic Abuse Programs. I understand that by signing this form, I am consenting to my child's participation and not releasing or waiving liability.

Signature _____ Date _____

HARBOR HOUSE DOMESTIC ABUSE PROGRAMS

VOLUNTEER JOB DESCRIPTION

JOB TITLE: TEEN VOLUNTEER ADVOCATE

SUPERVISOR: Prevention Educator/ Children's Advocate/ Volunteer Coordinator

OBJECTIVES:

- ❖ To provide quality time with children at Harbor House by giving each child an opportunity to express their needs with a caring individual.
- ❖ Be a liaison for other teens who may require services from Harbor House
- ❖ Act as a Community Advocate, looking for opportunities to educate other young people on preventing Teen Dating Violence and about family abuse.

RESPONSIBILITIES:

- 1) To facilitate interaction with children in shelter
- 2) To provide quality time with children through structured activity
- 3) To provide childcare needs during Women Support Groups (2 Children's rooms are available)
- 4) Able to articulate the basic components of domestic violence to those needing more information

QUALIFICATIONS

- MUST BE 14 YEARS OF AGE OR OLDER
- Patience, understanding, and a sensitivity to the needs of children from violent homes
- Willingness to participate in training and follow outlined techniques and strategies as described.
- Ability to work with or without supervision

COMMITMENT:

The quantity of your commitment is not as essential as the quality. We realize that each volunteer has different needs so your personal commitment involves identifying and meeting those needs. It is important and required *to communicate when you are not able to follow through with a planned commitment.*

WHICH TYPE OF COMMITMENT FITS YOUR NEEDS?

1. A time span which fulfills a commitment for a school or organization
2. On-going -no less than four months. To be determined by individual
3. Single activity commitment. i.e. special project, activity, or supervised outing

TRAINING:

Volunteer Coordinator schedules childcare group trainings as needed, or may elect to train individuals on 1:1 basis.

INDIVIDUAL OR GROUP VOLUNTEER ACTIVITIES:

- Play games or cards with children
- Tutor children as needed
- Participate in fund raising activities as needed
- Cleaning kids room and toys
- Outside play in the backyard with children
- Art projects with children age 5 and older
- Work with the House Manager on donation projects
- Read to children
- Participate in teen groups that are facilitated by the Prevention Educator Coordinator



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CONFIDENTIALITY POLICY

The primary purpose of the Harbor House Domestic Abuse Programs is to provide protection and safety to victims and the children of victims. The use or disclosure of any information by anyone affiliated with Harbor House (staff, volunteers, board members) that concerns the victims or the children of victims who receive services from Harbor House for any purpose is prohibited by state law. **It is, therefore, a policy of the Harbor House Domestic Abuse Programs that any agent of Harbor House (staff, volunteers, board members) will treat all contacts and information regarding victims and children of victims who receive services from Harbor House as confidential.**

No information regarding service recipients will be divulged either directly or indirectly.

- Harbor House may not contact the perpetrator nor may they require that the victim contact the perpetrator.
- Harbor House may not reveal the victim's or the victim's children's whereabouts, or require the victim to reveal such whereabouts.
- Files and all written documents regarding victims and the children of victims are to be maintained in a confidential manner.
- Victims will be informed of their rights to confidentiality during the intake process.
- Staff, volunteers and board members are still bound by this condition of confidentiality upon completion of employment, volunteer commitment or board term.

CONFIDENTIALITY PLEDGE

I, _____, do hereby affirm that I have
print
 read the above policy and do fully realize the importance of maintaining confidentiality. I understand that there is a state law prohibiting disclosure (Section I, 895.67). In signing this statement, I agree to abide by this policy.

STUDENTS SIGNATURE _____ **DATE:**

WITNESS SIGNATURE _____ **DATE:**