



VOLUNTEER APPLICATION

(Direct or Non-Direct Service)

Please Print Clearly

Name _____

Address _____

City/State/zip _____

Phone _____ Mobile or Home (circle one)

Email _____

Freedom house considers volunteer applicants without regard to sex, race, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship to Freedom House.

If you have any questions or require further information, Please contact Volunteer Coordinator

THANK YOU for sharing your valuable Time & Talents with us!

FREEDOM HOUSE

Domestic & Sexual Violence Services

PERMISSION TO RELEASE INFORMATION APPLICANT

I hereby authorize a representative of Freedom House to conduct a background check including criminal proceedings, civil proceedings (i.e. Order of Protection), and traffic violations in conjunction with their official duties.

A motor vehicle violation check will be performed bi-annually. A copy of a valid driver's license and valid proof of insurance card will be due to us every six months.

All Fields Required

Please Print Full Name:

FIRST _____ MI _____ LAST _____

Current address: _____

City _____ State _____ Zip code _____

How long at current address _____ (If less than 7 years indicate former address below)

Former address: _____

Date of birth: _____

Maiden name: _____

Alias (other names used by you): _____

List all states and counties you have resided in for the last 7 years:

Are you currently or have you ever been a client of Freedom House? YES _____ NO _____

Are there currently or has there ever been an Order of Protection in any state or county naming you as the Petitioner or the Respondent? Yes _____ No _____

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Freedom House. I have read the above waiver and fully understand what rights I am waiving by signing this document.

SIGNATURE _____

DATE _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)

Dates
From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

_____	(Submitting Agency Fax Number)
_____	(Submitting Email Address)
_____	(Agency Name)
_____	(Contact Person)
_____	(Address)
_____	(City/State/Zip)

FREEDOM HOUSE

Domestic & Sexual Violence Services

DRUG AND ALCOHOL POLICY

Freedom House recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe healthy work environment for its volunteers. Although the vast majority of volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

- 1- The Agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on Agency property, in the presence of Agency clients, while on duty, during rest periods and break periods, while operating an Agency vehicle or attending an Agency-sponsored event.
- 2- Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency's right to terminate a volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
- 3- The agency retains the right to require any volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury-to persons or damage to property.
- 4- Volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.

I have read and understand the Drug Free workplace Compliance Statement. By signing below, I agree to comply with the *Freedom House* Drug and Alcohol Policy.

Signature of Applicant

Date

FREEDOM HOUSE

Domestic & Sexual Violence Services

All Non-Clients, Board Members, Staff, Volunteers or other Principals of Freedom House, must complete the online mandated reporter training prior to signing the Confidentiality Agreement. Completing the online training prior to signing the agreement ensures that you have the knowledge and understanding of the Department of Children and Family Services mandated reporting requirements.



Direct Link:

https://www2.illinois.gov/dcfs/aboutus/Pages/com_communications_train.aspx

About Us—Training

- Click on Online Mandated Reporter Training under Resources section
- Login or register for an account

Training Includes:

1. A pre-training assessment (multiple-choice questions)
2. 60-90 minutes of self-paced interactive training
3. A post-training assessment (multiple-choice questions)
4. A Certificate of Completion & Acknowledgment of Status— **Please attach printed copy of your certificate and signed acknowledgment pages to your application.**

FREEDOM HOUSE

Confidentiality Agreement For Non-Clients, Board Members, Staff, Volunteers and Other Principals of Freedom House

Confidentiality, protection for the privacy of client/guest communications and information of others, is the shared responsibility of those associated with Freedom House. Confidentiality of client/guest communications is privileged by law in accordance with the Illinois Domestic Violence Act of 1986. **All Non-Clients, Board Members, Staff, Volunteers or other Principals of Freedom House are legally responsible for maintaining the confidentiality of all guests/clients.**

As a staff member, board member, volunteer or other principal associated with Freedom House,

I agree: *(please initial each item)*

1. _____ to respect all Freedom House clients/guests, their children and maintain their confidentiality;
2. _____ to have no discussion of or disclose any client/guest identity, issues or any other information clients/guests may reveal;
3. _____ to understand that the reason for keeping confidentiality is the privacy, safety and well being of clients/guests, and their families, as well as others who may be associated with Freedom House;
4. _____ to understand that as a staff member, volunteer, board member or other principal of Freedom House I may be asked to explain any alleged breach of confidentiality with regard to intent. Purposeful, repetitive, malicious or damaging breaches in confidentiality may affect my eligibility to continue my formal or informal association/employment with Freedom House.
5. _____ to respect the Illinois Domestic Violence Act of 1986 and understand that I am legally responsible to maintain the confidentiality of all guests/clients.
6. _____ that I have completed the mandated reporter training by the Department of Children and Family Services and I have knowledge and understanding of certain reporting requirements under the Abused and Neglected Child Reporting Act.
7. _____ to understand that if I should no longer be associated with or employed by Freedom House that I would no longer be a "required" mandated reporter but I am still bound to confidentiality.

(Participant Signature)

(Date)

FREEDOM HOUSE

Acknowledgment of Mandated Reporter Status of Adult Abuse

I _____ understand that when I am a paid employee or serve as a direct service volunteer with Freedom House, I will become a mandated reporter of Adult Abuse, Neglect and Exploitation under the Adult Protective Services Act (320 ILCS 20).

This means that I am required to report or cause a report to be made to the Illinois Department on Aging (IDOA), or an agency designated by the IDOA to receive reports, whenever I have reasonable cause to suspect that a person age 60 or older, or people with disabilities age 18-59 who are unable, due to dysfunction, to report for themselves, known to me in my professional or official capacity, may be abused, neglected or financially exploited. I understand there is no charge when calling the following 24-hour IDOA designated hotlines:

- 24-hour, statewide, Adult Protective Services Hotline: **1-866-800-1409**
- TTY: **1-888-206-1327**

I further understand that the reports must be made within 24-hours of my first suspicion of the abuse, neglect or exploitation.

I further understand that the privileged quality of communication between me and my client is not grounds for failure to report suspected abuse, neglect or exploitation. I further understand that reports may be made anonymously and that any person making a good report in good faith under this Act shall have immunity from civil or criminal liability.

Finally, I further understand that there may be penalties imposed, up to and including termination of employment, should I fail to comply with the expectation of being a mandated reporter of adult abuse, neglect and exploitation.

I affirm that I have read the reporting requirements which apply to me under the Adult Protective Services Act.

(Print Name)

(Signature)

Date: _____

FREEDOM HOUSE

Domestic & Sexual Violence Services

Emergency Contact Information

Name _____

Home Phone _____ Mobile or Home (circle one)

In the event of an emergency such as illness, accident, etc., please list the names of the people you would like us to contact. Please list at least two or more if possible. Also, if you have school age children, please list their names, the name of the school and phone number.

Emergency Contact Name	Relationship	Phone Number

Name of Children in School	Name of School	School's Phone Number

If you have any allergies to medications, foods, etc.

Please list them here:

FREEDOM HOUSE

Domestic & Sexual Violence Services

REFERENCES

We take your commitment to volunteer at Freedom House very seriously and wish to engage volunteers completely vested in our mission.

For this reason, please supply us with three personal or professional references that we can check prior to you becoming a volunteer with Freedom House.

Thank You!

VOLUNTEER NAME: _____

DATE OF VOLUNTEER INTERVIEW: _____

DIRECT SERVICE or NON-DIRECT VOLUNTEER (circle one or both)

REFERENCES

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____