

I am a **RETURNING**  
**volunteer**

I am interested in becoming a  
**NEW volunteer**

## Volunteer Information Form

### Austin's Place Emergency Shelter for Women

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Information:**

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**What kind of volunteer service(s) would you be willing to provide?**

- Be an **overnight host**
- Be a **back-up overnight** host on short notice
- Do **laundry** (several times during the season)
- Be a van **driver** in the **evening** (7:45- 8:30 PM)
- Be a van **driver** in the **morning** (6:30 AM to 7:00 AM)

<p><b>All volunteers:</b> Are you <b>18</b> years or older? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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<p><b>Van drivers:</b> Are you <b>26</b> years or older? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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**When are you likely to be available**

Days of the week I can usually volunteer: \_\_\_\_\_

Days or weeks I know that I cannot volunteer (vacations, exams, other commitments):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Background Check for Prospective Volunteers

### Austin's Place Emergency Shelter for Women

Thank you for considering serving our community with the issue of homelessness. In order to better serve the homeless in our community, as well as our volunteers, the Steering Committee of Austin's Place will conduct a background check for those volunteers working *directly with the women we serve*. **Direct contact positions** (i.e., van drivers or transporters, overnight volunteers) will need to complete this form while those serving in non-contact positions (e.g., supply organizer, laundry, volunteer coordinator, driver coordinator, etc.) will not be required to complete this form.

The purpose of this check is to ensure a *safe environment* for the guests and their property during their stay at Austin's Place; it will include an examination of any history of theft or crimes against people.

The undersigned authorizes release to the First United Methodist Church of Champaign full disclosure of police information relating to the criminal charges or ordinance violations recorded at the Champaign County Circuit Clerk website ([www.co.champaign.il.us/-circuitclerk.htm](http://www.co.champaign.il.us/-circuitclerk.htm)). *Any questions regarding this form or process should be directed to Ruth Moore, 217-356-9078.*

I hereby release the First United Methodist Church of Champaign from any liability of such disclosure.

**Please Sign:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of person consenting)

# Austin's Place An Emergency Shelter for Women

## Mission Statement

We will provide emergency overnight sleeping space that is safe, respectful and restful for homeless women in our community in response to the urgent need for emergency shelter during the winter months.

## Confidentiality Policy and Agreement for Volunteers

*What is confidentiality?* It is the right of each guest and each volunteer to expect that their own and other guests' identity, personal circumstances and information, and any exchange of information among guests, volunteers, staff, or other agencies will be kept in strictest confidence. All guests, volunteers and staff must learn and follow these rules to protect the privacy and safety of everyone.

The Emergency Shelter is comprised of two agencies: The First United Methodist Church of Champaign and Courage Connection. This policy is for both agencies.

1. All volunteers must sign this Confidentiality Agreement in order to volunteer overnight or be a driver for Austin's Place. Disregard for any of this policy may result in your inability to volunteer.
2. At no time will a guest or volunteer of Austin's Place reveal the identity, personal information and/or circumstances of **any other** guest or volunteer to anyone outside of the Shelter including family, friends, and people associated with other agencies, acquaintances, and strangers. Protected information includes, but is not limited to, individuals' reasons for staying at Austin's Place and former guests' information.
3. The address or whereabouts of other shelter users may not be disclosed to anyone.
4. Guests have the right to expect that all information disclosed to staff/volunteers will not be shared with any other guest or person outside of Austin's Place without their written permission in the form of a Release of Information.
5. Guests have the right to see files about themselves kept by Austin's Place.

I have read the above Confidentiality Policy and agree to adhere to it.

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Signature of VOLUNTEER

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Date

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Printed Name