



How did you hear about Freedom House?

Please provide a brief summary of why are you interested in volunteering with Freedom House and what you hope to gain from this experience.

---

---

---

Include a description of any prior volunteer experience.

---

---

---

What education, experience, and/or training do you have in Domestic Violence, Counseling, or Substance Abuse?

---

---

---

**EDUCATION**

Name and location of High School\_\_\_\_\_

Name and location of College\_\_\_\_\_

Course of Study\_\_\_\_\_

Did you graduate? Yes or No\_\_\_\_\_ Degree or Diploma\_\_\_\_\_

Do you have any physical, mental, emotional problems that may hinder you from performing within our organization? Yes or No? If yes, explain in detail.

---

---

---

How do you handle stress? Please explain.

---

---

---

Have you ever been convicted of, pleaded guilty to, or pleaded no contest to, a felony within the last five years? Yes or No? If yes, explain.

---

---

---

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks and other related crimes within the last five years? Yes or No? If yes, explain.

---

---

---

Areas of Interest: Check all that apply

\_\_\_\_\_ Donations Program                      \_\_\_\_\_ General Office  
\_\_\_\_\_ Special Events                              \_\_\_\_\_ Helpline

**Thank you for your interest in becoming a volunteer with Freedom House.  
Please contact us if you have questions: [volunteer@womenoffreedomfoundation.org](mailto:volunteer@womenoffreedomfoundation.org)**

I understand if selected for volunteer services I agree to donate my services to Freedom House in performing the duties assigned. I understand I will not be compensated for services and that I am not entitled to any other monetary benefits in connection with my volunteer work. I will accept my instructions from the supervisor named or his authorized representative. I will notify the supervisor or his authorized representative if I am unable to report as scheduled or if I decide to terminate this agreement. I further understand Freedom House may terminate this agreement, at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return this form along with 2 reference forms, a completed background check form, and a signed statement of confidentiality to:**

Volunteer Coordinator  
PO Box 60087  
Washington, DC 20039  
Phone: (202) 250-1699 Main Line \* (301) 604-2774 Direct \* Fax: (301) 604-9009  
[volunteer@womenoffreedomfoundation.org](mailto:volunteer@womenoffreedomfoundation.org)  
[www.womenoffreedomfoundation.org](http://www.womenoffreedomfoundation.org)



## VOLUNTEER REFERENCE CHECK FORM

The following applicant is interested in becoming a volunteer with Freedom House. Thank you, in advance, for your honesty about the qualifications of this prospective volunteer.

---

Volunteer Applicant Name \_\_\_\_\_ Areas of Interest (ex. Helpline, etc.) \_\_\_\_\_

---

Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

6. How long and in what manner have you known this prospective volunteer?
  
  
  
  
  
  
  
  
  
  
7. Describe the applicant's rapport with people in general.
  
  
  
  
  
  
  
  
  
  
8. What do you consider this applicant's primary positive skills and/or traits?
  
  
  
  
  
  
  
  
  
  
9. How comfortable would you be having the applicant work for you on a confidential project?
  
  
  
  
  
  
  
  
  
  
10. Can we contact you with questions?

Volunteer Coordinator  
PO Box 60087  
Washington, DC 20039  
Phone: (202) 250-1699 Main Line \* (301) 604-2774 Direct \* Fax: (301) 604-9009  
[volunteer@womenoffredomfoundation.org](mailto:volunteer@womenoffredomfoundation.org)  
[www.womenoffredomfoundation.org](http://www.womenoffredomfoundation.org)

**Freedom House  
Agency Volunteer Confidentiality Policy**

It is the policy of Freedom House to protect the identity of its clients. **The location/addresses of Freedom House houses in the residential program and the identity of any residents in the houses are strictly confidential and shall not be revealed to anyone outside of Freedom House.** In addition, all dialogue between staff, clients, volunteers and vendors is considered strictly confidential. You acknowledge and agree that any and all confidential information, including, but not limited to, the location/address of the houses, about the clients residing in the houses, including names or descriptive characteristics, shall not be disclosed to anyone outside of Freedom House.

All dialogue between staff, clients, and volunteers, is strictly confidential WITH the following exceptions. All staff and volunteers must report suspected child abuse to the police. Any potentially harmful acts that may be committed by the client, either to him/herself or to others, shall be reported to the intended target of harm or proper authorities in order to prevent potential homicide or suicide.

In the event that you become legally compelled to disclose any of the foregoing confidential information, you will provide Freedom House with prompt written notice so that Freedom House may seek a protective order or other appropriate remedy. In the event that such protective order or other remedy is not obtained, you shall furnish only that portion of the confidential information that is legally required by a court order to be disclosed. You acknowledge and agree that Freedom House would be irreparably injured by, and would not have any adequate remedies at law for, any breach or threatened breach of the provisions of this Agency Confidentiality Policy and, accordingly, that Freedom House shall, in addition to all other available remedies (including, without limitation, seeking such monetary damages as can be shown to have been sustained by reason of such breach), be entitled to injunctive or other equitable relief without being required to post bond or other security of any character, and without having to prove or otherwise establish the inadequacy of available remedies at law for the breach or threatened breach hereof by you. You further agree that you shall not plead or otherwise defend any claim of breach or threatened breach hereof on grounds of adequate remedy at law or any element thereof, in an action by Freedom House against you for injunctive relief or for specific performance of any of your obligations pursuant to this Agency Confidentiality Policy. Such remedies shall be cumulative and nonexclusive and shall be in addition to any other remedy to which Freedom House may be entitled.

In addition, you shall be responsible to pay to Freedom House any and all costs and expenses incurred by Freedom House in enforcing this Agency Confidentiality Policy and/or seeking damages from you for your breach hereof, specifically including, but not limited to, reasonable attorney fees and court costs.

I have read the above, or it has been read to me and explained.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Staff Member

Original to Signer, Copy to File

**Please submit this signed form with your application packet.**

## **APPLICANT RELEASE & AUTHORIZATION**

I hereby authorize **Freedom House** 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, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

### ***PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY.***

Name: \_\_\_\_\_ Alias/Other: \_\_\_\_\_  
(First, Middle, Last - Print Clearly)

Date of Birth: \_\_\_\_\_ Social Sec. \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_ State \_\_\_\_\_

(1) Current Addr: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

(2) Previous Addr: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

(3) Previous Addr: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Witness \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT: FOR CLIENT USE ONLY - Mark an "X" for any of the following:**

Would you like NBI to also check Alias/Other name given? : Yes \_\_\_\_\_/No \_\_\_\_\_  
(Be advised there is an additional charge per alias name)

### **CRIMINAL HISTORY RECORD SEARCH:**

(1) Current Address \_\_\_\_\_ (2) Previous Address \_\_\_\_\_ (3) Previous Address \_\_\_\_\_

Past Report \_\_\_\_\_ Federal Criminal \_\_\_\_\_ "U.S. Search" \_\_\_\_\_ MVR-Driving Record \_\_\_\_\_ Credit Profile \_\_\_\_\_

Sex Offender Registry: List States: \_\_\_\_\_

Maryland(Statewide) \_\_\_\_\_ MD Traffic Court \_\_\_\_\_ MD Wants/Warrants \_\_\_\_\_ MD Reg/Tag \_\_\_\_\_

Statewide: Alabama \_\_\_\_\_ Delaware \_\_\_\_\_ Florida \_\_\_\_\_ New Jersey \_\_\_\_\_ North Carolina \_\_\_\_\_ Pennsylvania \_\_\_\_\_

Verification (Specify Number of Items): Education \_\_\_\_\_ Prof. License \_\_\_\_\_ Employment \_\_\_\_\_

Federal Civil \_\_\_\_\_ Civil Judgment: Upper Court \_\_\_\_\_ Lower Court \_\_\_\_\_ Worker's Comp \_\_\_\_\_ Federal Tax Lien Search \_\_\_\_\_ State Tax Lien Search \_\_\_\_\_ Bankruptcy Search \_\_\_\_\_

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

**PLEASE Submit this signed form with your application packet**