

DANIEL P. McCoy
COUNTY EXECUTIVE

## COUNTY OF ALBANY CRIME VICTIM AND SEXUAL VIOLENCE CENTER

KAREN ZIEGLER
DIRECTOR

112 STATE STREET, ROOM 1100
ALBANY, NEW YORK 12207-2077
(518) 447-7100 FAX: (518) 447-7102
24 HOUR SEXUAL ASSAULT HOTLINE: (518) 447-7716
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## OFFICE VOLUNTEER APPLICATION

Once this application is reviewed you will be contacted by a staff member for an in-person interview.

١.	NAME:		
2.	(Last) ADDRESS:	(First)	(Middle)
	Permanent:		
	Temporary:		
3.	TELEPHONE (please list all contact numbers):		
	Ce	ell	best times to call:
	Но	ome	best times to call:
	Wo	ork	best times to call:
1.	E-MAIL(S):		
5.	EMERGENCY CONTACT (NAME/NUMBER)	)	
5.	DATE OF BIRTH:		
7.	EMPLOYER:		
3.	SCHOOL CURRENTLY ATTENDING:		
	FULL or PART TIME?	MAJOR/C	OURSES:
€.	ADDITIONAL EDUCATION:		
10.	). INTERVIEWS ARE SCHEDULED MONDAY	TO FRIDA	Y FROM 9:00AM TO 4:00PM. WHEN IS THE BEST TIME
	FOR YOU TO SCHEDULE AN INTERVIEW?		

1.	WHEN ARE YOU AVAILABLE TO START ORIENTATION?		
2.	LIST 2 REFERENCES:		
	PHONE:		
	PHONE:		
13.	HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM?		
14.	WHY DO YOU WANT TO VOLUNTEER AT CRIME VICTIM AND SEXUAL VIOLENCE CENTER?		
	WITT DO TOO WANT TO VOLONTEER AT CRIME VICTIM AND SEACAL VIOLENCE CENTER:		
15.	OFFICE SKILLS:		
6.	ADDITIONAL SKILLS AND LIFE EXPERIENCES YOU FEEL WOULD BE A BENEFIT TO THIS AGENCY:		
7.	WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE WITH THIS AGENCY?		
	<del></del>		

## CONTRACT BETWEEN OFFICE VOLUNTEER AND THE CRIME VICTIM AND SEXUAL VIOLENCE CENTER

I,	agree to the following conditions required of all office volunteers:			
a.	A minimum commitment of four months of service.			
b.	Availability to fill one consistent shift per week as determined by office staff.			
c.	Answer phones in a professional manner and relay messages and correspondence to appropriate staff.			
d.	No use of drugs or alcohol.			
e.	Complete office tasks as assigned.			
f.	Complete and submit monthly time log.			
g.	Communicate with office staff directly if absent for illness or personal emergency.			
h.	Appropriate appearance and professional demeanor when representing the Crime Victim and Sexual Violence Center in the office and in public.			
i.	Completion and submission of all department paperwork as required.			
j.	Adherence to the Center's Confidentiality Policy: *			
Sig	nature Date			
*PLEDGE OF CONFIDENTIALITY				
In New York State, client records kept by a rape crisis center are considered confidential. All records or communications with clients are privileged information and therefore are to be kept strictly confidential. This information cannot be disclosed to any person except to those employed by the Crime Victim and Sexual Violence Center, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian.				
I agree to abide by Crime Victim and Sexual Violence Center's Confidentiality Policy. I understand that all records and communications with clients are privileged information and therefore are to be kept strictly confidential. I also understand that this information cannot be disclosed to any person except to those employed by the Crime Victim and Sexual Violence Center, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian.				
Sig	gnature Date			