

**POLK COUNTY CRISIS AND ADVOCACY SERVICES
VOLUNTEER/INTERN APPLICATION FORM**

Date: _____

Name: _____

Address: _____
(Please include zip code)

Home Phone: _____ Cell Phone: _____

Email: _____

Work Phone: _____ Best time to call: _____

Date of Birth: _____
(month/day/year)

Drivers License or Social Security Number: _____

SKILLS AND INTERESTS:

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Why are you interested in volunteering for Polk County Crisis and Advocacy Services?

What do you want to do as a volunteer for Polk County Crisis and Advocacy Services?

What are the skills that you would bring to such a position? _____

What are some concerns that you would bring to such a position? _____

AVAILABILITY:

At what times are you interested in volunteering?

I am flexible Weekdays Evenings Weekends

Other _____

Please specify times that you cannot do volunteer work _____

REFERENCES:

How did you hear about us? Website Advertisement Client or agency

Referred by friend or volunteer Other _____

List name, address, zip code and phone numbers of three references (two must be previous employers or volunteer agencies)

Name: _____ Phone: _____

Complete address: _____

Name: _____ Phone: _____

Complete address: _____

Name: _____ Phone: _____

Complete address: _____

**POLK COUNTY CRISIS & ADVOCACY SERVICES CONFIDENTIALITY
POLICY**

Services provided to clients of Polk County Crisis and Advocacy Services shall be confidential. No disclosure of any information regarding any client may be made outside the agency (and its designated cooperating agencies) without the written consent of the client.

I, _____ have read the confidentiality policy for Polk County Crisis & Advocacy Services and will abide by it.

Signature of applicant

Date

Please return your application to the address below. If you have any questions, please call us at (515) 286-3600.

Polk County Crisis and Advocacy Services
401 E. Court Ave.
Des Moines, Iowa 50309

Phone: (515) 286-3600

CRIMINAL CHECKS WILL BE DONE

I, _____
do hereby authorize any criminal justice agency with access
to my criminal history files to release information on any
criminal conviction to the Polk County Attorney's Office.

Polk County Crisis and Advocacy Services is a division of the Polk County Department of Community, Family and Youth Services that provides assistance to victims of personal crime in Polk County regardless of race, gender, age, ethnicity, disability or religion.

Polk County Crisis and Advocacy Services Staff/Volunteer Confidentiality Policy:

Polk County Crisis and Advocacy Services has primary responsibility to protect the confidentiality of clients. All staff and volunteers who provide direct service work to clients will complete the 20 hour “Victim Counselor Confidentiality” training in accordance with Iowa Code 915.20A.

The confidentiality of client information will be explained to any person seeking services during their initial contact with a staff counselor or volunteer. A statement of confidentiality will be included in all community education presentations.

Client case records and logs will be kept in the Polk County Crisis and Advocacy Services office at all times. Exceptions must be approved by the Program Manager and will be on an individual basis. External reports or statistics will not include names or other client identifying data. Case records will be made available for research purposes only with the approval of the Program Manager. Researchers must adhere to standards and ethical practices congruent with the mission of Polk County Crisis and Advocacy Services.

When leaving the office, a worker will ensure file material and notes that identify clients are put away or covered. If another worker is using a counselor’s office for client contact, she/he will be sure that no file information is visible to the client.

The client will be informed of any information exchanges with other agencies or professionals. Case information will be shared with other agencies or professionals under the following conditions:

If the client has reported an incident to law enforcement, information can be exchanged with that law enforcement agency and the county attorney’s office. Consent is implied through the reporting process. Factual information as well as the counselor’s assessment can be shared.

If a client has not reported to the police, client identifying information will not be shared with law enforcement or the County Attorney. Factual information about sexual abuse can be shared through a 3rd party report with the consent and cooperation of the client.

Information will not be given to any professional or agency other than the police and county attorney without written consent of the client.

Polk County Crisis and Advocacy Services employees are mandatory child abuse reporters. Information about suspected child abuse **must** be reported to Child Protection Assessment Workers at the Department of Human Services.

False or withheld information directly related to a reported crime will not be protected by the confidentiality policy.

Information a counselor receives from a client indicating that a third person is in danger, i.e. a client plans to kill someone, is not protected by the confidentiality policy.
