



Serving Northern New Mexico Since 1978

945 Salazar Rd.
Taos, NM 87571

Phone: 575-758-8082
Fax: 575-758-4051
www.TaosCAV.org

CAV VOLUNTEER APPLICATION

(Revised 06/19)

Name: _____ Today's Date: _____

Mailing Address: _____

Phone: (H): _____ (W) _____ (Cell) _____

E Mail Address: _____

Driver's License #: _____ State providing Driver's License _____

Date of Birth: _____

Occupation: _____ Supervisor: _____

Contract/Place of Employment: _____

Days available to volunteer (please circle): Mon Tues Wed Thurs Fri Sat Sun or

Single Event (please write event title): _____

Times available to volunteer:

Day time (10am-6pm): _____

Evenings (6-10pm): _____

Single Event (Duties and/or time available): _____

What kind of work are you interested in? (Please check all areas of interest):

_____ Donations

_____ Office Work

_____ Fundraising

_____ Substitute Receptionist

_____ Events & Fairs

_____ Thrift Store

_____ Maintenance Support

_____ Pick-Ups & Deliveries

_____ Landscaping

_____ Other

If you are applying to do **Community Service** hours at the CAV Thrift Store, please write in how many hours you must complete.



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How did you hear about CAV and/or the CAV Thrift Store?

Why do you want to volunteer with CAV?

Please provide two references (Name, phone number, relationship):

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

In case of emergency who should we contact?

1. Name _____ Phone _____ Relationship _____

We occasionally thank our volunteers publicly. When we do this, we often list the names of our volunteers. Would you like your name to be listed in our "Thank You" ads?

(Please check one) Yes _____ No _____

This work requires **complete confidentiality**.

This means that you will **not** be able to talk about any customer, staff or volunteers.

Have you read and signed the "Confidentiality Agreement"?

Yes _____ No _____

Do you have any medical conditions that may restrict your work with us? For example: we have heavy furniture we may need to move, we occasionally receive items that may have mold or dust on them that could aggravate asthma.

If so please explain: _____

Yes _____ No _____

I certify that all the information provided on this application is true and accurate.

Signature

Date

Received by: _____ Date: _____ BC: _____



Agreement of Confidentiality

(Revised 06/17)

Staff members and volunteers (including Board of Directors) of CAV are expected to practice and subscribe to the ethical codes of conduct and confidentiality that bind all practitioners in the helping professions. Confidentiality is an ethical practice that ensures that all communications with participant/clients or information obtained about participants will not be disclosed. Confidentiality will also include information regarding the agency and staff members or volunteers.

Confidentiality rules are needed to protect people from unwarranted invasions of their privacy and from the use of information for a purpose for which it was never intended. Unless there is a relevant reason to give information, the person authorized to share should refrain from sharing specific data not considered relevant.

Staff/volunteers will not violate participant confidentiality (including, but not limited to discussing participants in public places, by intentionally or inadvertently giving participants access to contents of other participant's file, etc.)

Staff needs to thoroughly investigate to make sure the original release of information is up to date and applies to the current situation for which information is requested.

No information as to identity or whereabouts of clients will be given out. CAV does not reveal to anyone outside the office that a client or resident is in our program except at the expressed written consent of the client. Calls requesting information regarding residents should be responded to by: "We do not confirm or deny the presence of anyone in the shelter or receiving services from CAV."

Any breach of confidentiality by CAV staff/volunteers will be taken seriously and will result in disciplinary action, which may include:

- a. Self study by volunteer and/or staff member on confidentiality
- b. Written report placed in the volunteer/ staff member's personnel file
- c. Staff member placed on administrative leave without pay
- d. Staff/Volunteer termination
- e. Litigation

Date: _____

Volunteer: Print name: _____ Signature: _____

Volunteer Coordinator: Signature: _____

Supervisor: Signature: _____



**VOLUNTEER PERSONNEL POLICIES & PROCEDURES
COMMUNITY AGAINST VIOLENCE (CAV)
(Revised 06-17)**

- I. General Policies:
 - A. The volunteer will know and adhere to the CAV Mission Statement and Volunteer Personnel Policies and Procedures. The volunteer will sign and honor all agreements.
 - B. No volunteer will be discriminated against on the basis of race, national origin, religion, creed, ethnicity, age, gender, disability, or sexual orientation.
 - C. The volunteer will demonstrate respect for client confidentiality, dependability, professional conduct, and a willingness to learn new skills.
 - D. CAV will provide direction, support, and necessary training.
 - E. No special services will be performed in the name of CAV without express prior permission from Volunteer Coordinator or Executive Director.

- II. Personnel Records:
 - A. Volunteer applications will be kept on file including the volunteer's name, address, phone number, email address, preferred service hours and skills. A volunteer can review her/his application upon request made to CAV.
 - B. CAV will not release any personal information about a volunteer without the volunteer's express prior authorization.

- III. Commitment:
 - A. All volunteers will refrain from use of or being under the influence of alcohol or other drugs while performing work for CAV. "Performing work" is defined as performing assigned tasks at any CAV property or CAV event, or while attending educational presentations.

- IV. Reimbursement for Services:
 - A. Notification of the need for reimbursement of anticipated expenses must be submitted in advance.
 - B. The volunteer will be reimbursed for transportation outside the Taos area, food and/or other expenses incurred while performing duties in the name of CAV after the volunteer submits a request for reimbursement with attached receipts. All questions in this regard should be directed to the Volunteer Coordinator or Executive Director.
 - C. No volunteer will be reimbursed for actual services provided to CAV, unless approved in advance.



V. Insurance:

- A. The volunteer will carry liability insurance on their personal vehicle if the vehicle is to be used for transportation related to the volunteer's duties at CAV (shopping for shelter supplies, distributing brochures, etc.)
- B. All volunteer personnel are covered by general liability insurance when carrying out authorized duties in a normal and reasonable manner.

VI. Grievances:

A. The Community Against Violence, Inc. and the CAV Thrift Store maintain a policy of open communication to insure integrity and respect among volunteers. Conflict results when there is little or no communication and/or follow-up on complaints. The agency has developed this plan to encourage such communication.

If a volunteer of the CAV and the CAV Thrift Store feels that s/he has been treated unfairly, the following procedure is available:

1. The volunteer should speak directly, openly and respectfully with the staff member most directly involved in the situation.
 - i. If the volunteer feels the discussion with the staff member has not resolved the issue or if the nature of the complaint makes it inappropriate to openly communicate with the staff person, the volunteer may:
2. Ask to speak with a supervisor to explain the complaint and outline the desired solution to the problem.
 - i. If a supervisor is not available, the volunteer may call and set up an appointment to discuss her/his concerns at a later date.
 - ii. If the volunteer's concern is not resolved after 48 hours the volunteer may:
3. Ask the supervisor to set up an appointment with the Volunteer Coordinator so that the volunteer may continue to pursue the grievance.

If the volunteer's concern is not resolved after 48 hours the volunteer may:
4. Ask the Volunteer Coordinator to set up an appointment with the Executive Director. The final step will be meeting with the Executive Director.



VII. Termination:

- A. Any volunteer may terminate her/his relationship with CAV at any time, for any reason. However, it is requested that:
 - 1. Adequate notice be given so position can be filled. This is especially important if training is required.
 - 2. The reason is honestly stated in writing, especially if the volunteer has experienced a problem while in service. This will help CAV to rectify the problems and improve future volunteer experience.
- B. Any volunteer terminating under the above two conditions is welcome to return to CAV at a future time.
- C. CAV may terminate a volunteer under any of the following conditions:
 - 1. Any violation of client confidentiality.
 - 2. Discrimination toward a client or staff on the basis of sex, race, age, national origin, religion and sexual orientation.
 - 3. The use of alcohol or drugs during performance of volunteer activities.
 - 4. Incompetence in the performance of duties.
 - 5. Termination is deemed in the best interest of CAV, as determined by CAV Executive Director.

VIII. Review:

- D. Each volunteer will be contacted by the Volunteer Coordinator to review her/his work periodically. The review process will be a mutual exchange of information.
- E. At each review, the volunteer will be asked for a renewed commitment to continue her/his volunteer work with CAV.

IX. Training:

- F. The appropriate CAV staff or CAV Thrift Store staff will provide training for all positions that require it, such as Front Desk Receptionist Substitute, Shelter Assistant, Community Educator, Thrift Store volunteer, etc.
- G. CAV staff or Volunteer Coordinator will provide all other training.

I certify that I have read and understand the Volunteer Policy & Procedure Manual. I agree to abide by these policies and procedures while performing volunteer duties for CAV.

Signature of Volunteer: _____ Date: _____

Signature of Volunteer Coordinator: _____ Date: _____