



VOLUNTEER INTEREST SURVEY

The mission of HELP of Door County, Inc. is to *eliminate domestic abuse through prevention and intervention services and to advocate for social change.*

For Office Use Only	
DATE:	
_____	Survey Received
_____	Date Contacted
_____	Orientation
_____	Background Check
_____	Status

HELP has a variety of volunteer needs. By giving your time and talents, you are making a difference in our community and assisting us in our mission's efforts. Checking an item below does not obligate you and you will receive training, if needed.

Return to: HELP of Door County, Inc., 219 Green Bay Rd, Sturgeon Bay, WI 54235

920-743-8785

NAME (please print) _____ PHONE (_____) _____

ADDRESS _____
(Street/P.O. Box) (City) (State) (Zip)

E-MAIL ADDRESS _____ CELL PHONE _____

Area of Interest: Please check all that interest you. These will be reviewed in your orientation in greater detail.

- _____ **Mail Crew:** Fold, assemble, label, stamp, seal, and sort large bulk mailings (5-6 times/year – days and evenings)
- _____ **Office Helper:** Occasional copying projects, getting ready for conferences and training events, etc.
- _____ **Visitation & Exchange Center Support Staff:** Assists in the exchange of children for their visit with parents who live separately (5-10 hours/month in Northern Door or Sturgeon Bay)
- _____ **General Handyperson:** Maintenance and repair, paint, furniture assembling, picture hanging, furniture transportation, furnace filter changing, window washing, snow/ice shoveling, etc.
- _____ **Children's Group Helper:** Part of a team that works with children who are living with and witnessing abuse in their homes.
- _____ **Childcare Provider:** Assisting parents by providing childcare during events and/or at the office
- _____ **Public Awareness:** Overseeing the HELP display booth at resource/health fairs and other community events.
- _____ **Material Distribution:** Drop off brochures, posters/flyers, and hotline information to businesses/organizations in Door County
- _____ **Fundraising Event Support:** Assist with tasks prior to the event, at the event itself and with any post event details. Distribute and sell coupon books.
- _____ **Office Cleaning:** Bathrooms, mopping hallway, dusting, washing cupboards, vacuuming, etc.
- _____ **Court Watch Advocate:** Monitor court reports for proceedings involving domestic abuse and forward information to HELP staff for calls to victims. (primarily Monday mornings)
- _____ **Grant Research/Writing:** Search the Internet for possible grant opportunities
- _____ **Listening Session Host:** Host a gathering for friends and neighbors at your home or work or with an organization you are involved with – Staff present HELP's mission, goals and activities to help create community awareness and education of the HELP's intense domestic abuse programs involving prevention and intervention services.

Is there any other way you would like to volunteer to HELP? Any special needs? Do you wish to remain anonymous? Y___ N___

*Once you complete this form, return it to HELP at the above address. HELP's Volunteer Coordinator will then contact you for a Volunteer Orientation. You must complete an orientation prior to any volunteer service.



219 Green Bay Rd., Suite 1
Sturgeon Bay, WI 54235-2835

920.743.8785 (Business)
920.743.8818 or 1.800.91HELP1 (Crisis)
920.743.9984 (Fax)

VOLUNTEER CONFIDENTIALITY PLEDGE

I, _____, acknowledge that every HELP client is made aware of her or his right to confidentiality. I realize the importance of upholding their confidentiality and know that safety of HELP's clients is a priority. I have full responsibility to not divulge any information regarding clients or their whereabouts, either directly or indirectly.

I understand that I will not divulge any information received about clients upon termination of my volunteer service commitment.

In signing this statement, I further realize the serious nature regarding the importance of maintaining confidentiality and that my violation of confidentiality will result in termination of my responsibilities. I further realize that such a violation could result in legal action by a client.

Name

Date

Witness

Date

Executive Director

Date

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