



4120 Meridian St., Suite 220  
Bellingham, WA 98225  
Phone (360)671-8539  
Fax (360)671-0061

Dear Prospective Volunteer,

Thank you for your interest in volunteering for Womencare Shelter and Domestic Violence Services. For 29 years, Womencare Shelter has depended upon the dedication of hundreds of volunteers to keep our shelter staffed, residents supported and the 24-hour help-line answered.

There are many different opportunities within the agency including:

Women's Support and Advocacy	Answering Helpline	Administrative Support
Children's Advocacy	Community Education	Advertising and Marketing
Housing Advocacy	Facilities (upkeep of the shelter)	Board of Directors
Legal Advocacy	Computers and technology	Fundraising
Women's Support Group	Advertising and Marketing	Web Design/Maintenance
Bilingual Advocacy	Children's Workshops	Endless Possibilities

Anyone wishing to volunteer at the shelter or on the helpline must complete our 30-hour training. (Training requirements for those wishing to volunteer at the administrative office or in community education vary depending on tasks to be performed.) Our next 30-hour volunteer training will take place in November of 2009 (we can contact you when the exact dates are set).

Enclosed you will find our volunteer application packet. The packet includes the basic information sheet as well as a state patrol background check and a Womencare questionnaire. Please return the volunteer packets at your earliest convenience. We will set up an informal interview before training starts.

If you have any questions about the application or about volunteering with Womencare, please do not hesitate to contact me at 671-8539.

Sincerely,

Merrilee Gardner  
AmeriCorps\* VISTA  
Volunteer and Community Education Coordinator  
Womencare Shelter and Domestic Violence Services  
4120 Meridian St. Suite 220  
Bellingham, WA 98226  
merri@womencareshelter.org

# WOMENCARE SHELTER'S MISSION & PHILOSOPHIES

## **Our Mission:**

Womencare Shelter is a feminist organization working to end domestic violence by providing safe shelter, 24-hour crisis support services, and community education.

## **Our Philosophies:**

- **Feminism and Empowerment:**  
Womencare believes in the strength and power of women. This is our common base. Womencare members hold a continuum of beliefs about the oppression of women in our society. This continuum ranges from a commitment to alleviate some of the pain caused by society to a belief in the necessity of a transformation of society.  
  
Womencare seeks to create an environment which empowers women. We gain strength and become empowered by working with and receiving support from women. We believe that consciousness raising, advocacy and the power and right of choice are necessary means for achieving liberation.
- **Anti-Oppression:**  
Womencare recognizes that oppression is violence. All oppression stems from abuses of power and control. Oppression against women (sexism) cannot be viewed in isolation from the violence of racism, homophobia, classism and other forms of oppression. Womencare is committed to fighting all forms of oppression through our services, community education and organizational policies and practices.
- **Community Response:**  
Womencare understands domestic violence as a societal rather than an individual problem. We work with individuals and groups in our community to advocate changes in community systems for a more effective response to domestic violence. We believe it is necessary to work toward a time when all parts of our community will demonstrate that domestic violence will no longer be tolerated.
- **Education:**  
Education is an essential foundation for social change. We are committed to providing our community with comprehensive domestic violence information, resources, technical assistance and training.

## **Womencare provides:**

### **24-Hour Domestic Violence Helpline**

Trained advocates are available at all times to provide support and safety planning, information and referral, crisis intervention and access to Womencare services by calling 734-3438.

Whatcom County's only 24-hour Domestic Violence Helpline and 24-hour crisis intervention for survivors of domestic violence, their family, friends, or co-workers.

Support, information, safety planning and community referrals via our 24 hr Domestic Violence Helpline.

### **Shelter**

Womencare provides safe, emergency shelter in a confidential location to women and their children who are victims of domestic violence. The five bedroom house can accommodate up to 18 residents. Food, personal items, and limited clothing are provided. Womencare Shelter is the only domestic violence shelter in Whatcom County.

Emergency shelter, food, limited clothing and personal care items to shelter residents. Access to shelter 24 hours a day, 7 days a week for women and their children who are victims of domestic violence

Individual, and group advocacy-based counseling, legal, medical and financial referrals and advocacy, parenting and child advocacy.

### **Advocacy Services**

Residents are provided with individual and group advocacy-based counseling, legal, medical and financial advocacy, parenting and child advocacy. Residents are provided with information about domestic violence, case management and referrals to appropriate community resources.

Appropriate community referrals are also provided.

### **Community Education**

Womencare promotes a community response to domestic violence through outreach and education. Presentations and training to increase awareness and understanding of domestic violence and where to go for help are provided within the community, as well as technical assistance for professionals who come in contact with victims of domestic violence. Womencare is an active member in the community's effort to develop a coordinated community response to domestic violence.

Community Education and trainings on domestic violence, intervention, and prevention for the general public and professional groups.

### **Volunteer Opportunities**

Womencare is a volunteer-based organization which provides meaningful opportunities to work against domestic violence throughout the organization by providing advocacy to women and children, community education, fundraising, administrative support and as membership on the board of Directors. Volunteers receive extensive training on the dynamics of domestic violence and advocacy-based counseling.

**WOMENCARE SHELTER**

**Volunteer Application**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_

BIRTHDATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Do you drive? \_\_\_\_\_ Valid WA Driver's License? \_\_\_\_\_ HIV/AIDS Training? \_\_\_\_\_

Car available? \_\_\_\_\_ Car Insurance? \_\_\_\_\_ CPR/First Aid Training? \_\_\_\_\_

How long have you resided in Whatcom County? \_\_\_\_\_

Are you? A homemaker – Employed – Looking for work – A student – Other \_\_\_\_\_

If employed, place of employment: \_\_\_\_\_

May we call you there? \_\_\_\_\_ Work phone: \_\_\_\_\_

If a student, school: \_\_\_\_\_ Program/Major: \_\_\_\_\_

PERSON TO BE CONTACTED IN THE CASE OF EMERGENCY \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VOLUNTEER EXPERIENCE

Have you been a volunteer at another agency, group or program? \_\_\_\_\_

If yes, name the organization(s) and describe your involvement and responsibilities there:

1). \_\_\_\_\_ 2.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES

Please give names, addresses and telephone numbers of two people who are not relatives or former employers, who have knowledge of your character and abilities.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Are there any reasons you would not be able to perform the duties of a volunteer advocate?

Please describe: \_\_\_\_\_

**THINGS TO CONSIDER**

Volunteering takes a lot of time and energy. It should be done at a time when you are fairly settled and ready to make a commitment to Womenscare. The following are circumstances which might make it difficult to complete training or follow through with the 100 hour time commitment:

Recent termination of a relationship  
High stress level  
Health problems  
A death in the family  
A new child

Starting or finishing school  
A job change  
A marriage or divorce  
A recent or planned move

If any of these things are happening in your life, it does not mean you should not volunteer, but we hope you will take them into account. If you are concerned, please talk with the Volunteer Program Coordinator. We will do all we can to help you make the right decision for you.

Please think about the time commitments you presently have (e.g. work, home, children, school). Do you have enough time to make an additional commitment to Womenscare?

Realistically, how much time and energy do you see yourself devoting to Womenscare? We ask for a 100 hour commitment that does not include training hours. This includes at least a four, or more, hour direct service shift every week if possible.

I am especially interested in \_\_\_\_\_

I wish not to be asked to \_\_\_\_\_

Are there days or hours during which you would prefer not to volunteer? \_\_\_\_\_

Date of last TB test (if known) \_\_\_\_\_ Positive \_\_\_\_ Negative \_\_\_\_

Date of last tetanus shot (if known) \_\_\_\_\_

Have you received the 3-shot Hepatitis B inoculation series? Y \_\_\_\_ N \_\_\_\_

*You may want to consider having these immunizations updated*

Have you ever been convicted of a felony offense? Y \_\_\_\_ N \_\_\_\_

If yes, please describe: \_\_\_\_\_

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if my volunteer services are utilized, and statements in this application have been falsified, it may be grounds for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



- 7) If you have had personal experience with domestic violence, do you feel comfortable talking about it? If you have been battered or emotionally, sexually or psychologically abused or threatened, do you feel that you are at a place in your healing process where you can be an effective advocate for others?
  
- 8) Please describe any additional skills you would be willing to contribute to the shelter. (i.e. painting, electrical, plumbing, carpentry, landscaping, computer skills, or general repairs)
  
- 9) Do you have any specific expertise you would be willing to offer this organization?
  
- 10) Please list any languages in which you are fluent.
  
- 11) Is there any other information you would like to share with us at this time?
  
- 12) Do you have any further questions or comments for us?

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia, WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 through 43.43.845

### APPLICANT OF INQUIRY

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Driver's Lic. Number/State: \_\_\_\_\_/\_\_\_\_

Secondary dissemination of this criminal history information response is prohibited unless in compliance with RCW 10.97.050.