



Dear Prospective Volunteer;

Thank you for your interest in volunteering for the Rockland Family Shelter. As you may be aware, we are a private, non-profit grassroots organization, dedicated to serving victims of domestic, dating and sexual violence. Through direct services, education, advocacy, agency consultation and leadership in coordinated community action, we work to create a community where women and children can live with dignity and equality, free from abuse. A dedicated corps of individual volunteers is an important component of RFS and provides essential support for our work. Please review our website at [www.rocklandfamilyshelter.org](http://www.rocklandfamilyshelter.org) for additional information on our programs.

Enclosed is a packet including a Volunteer Fact Sheet, Volunteer Application and Pledge of Confidentiality. Please complete the paperwork in its entirety and return to the RFS address, attention of Candy Pittari, Director of Outreach and Volunteer Services. You will be contacted after your application has been reviewed.

## VOLUNTEER FACT SHEET

The following is a brief overview of various Volunteer opportunities at the Rockland Family Shelter. We hope that something attracts your interest, and we thank you for giving of yourself and your time.

### CASS - Administrative offices

- ❖ Clerical - light typing, filing, photocopying, record keeping, answering phones, helping with frequent bulk mailings.
- ❖ Mailings - on an "as needed" basis; stuffing, stamping, sorting envelopes.
- ❖ Computer – typing, data entry and working with Microsoft Office.
- ❖ Child care - baby-sitting in the office or Shelter for children while adult groups are taking place (days/evenings - **must be over 16**)

### SHELTER - (Emergency home for battered women and their children).

- ❖ Clerical - light typing, phone coverage
- ❖ Children's Aide - Assist in activities with children; music, crafts, sports, etc. (days/evenings)
- ❖ Driver - drive clients as needed to doctor, court, apartment hunting, etc.
- ❖ Shopper - evenings or weekends possible

### SATELLITE OFFICES, SPRING VALLEY AND HAVERSTRAW

- ❖ Office work and telephone coverage - as needed.
- ❖ Child Care
- ❖ Bilingual speaking (Spanish, French or Creole) most helpful

### RAPE CRISIS COUNSELOR

- ❖ Must be at least 18, with own transportation. This volunteer position requires special training given annually. Upon successful completion of program volunteers monitor a Rape Crisis Hotline from their own phones at a specific time slot during the month. Counselors must attend monthly supervision meeting on first Thursday of month. Counselors must be willing to go to Nyack or Good Samaritan Hospital or Police Stations. One-year commitment required.

### SPECIAL EVENTS/ OUTREACH

- ❖ On an "as needed" basis, staffing publicity booths at special events, distributing printed materials, weekend and evening availability helpful.

### FUNDRAISING

- ❖ On an "as needed" basis for various "fun" fundraisers throughout the year; participation in the planning and implementation of fundraising activities; making phone calls, soliciting goods and contributions, participating in events on an "as needed" basis. May be nights and/or weekends.

### DOMESTIC VIOLENCE HOTLINE COUNSELOR (answer office hotlines, Monday-Friday, 9-5)

- ❖ Must be 18, with daytime availability. Special training required. Upon successful completion of the program, volunteers must: commit for a minimum of one year; serve 2x a month for a 4 hour shift; attend monthly supervision; attend first available Rape Crisis training offered (evening).

### SAFE- Sexual Assault Forensic Examiner

- ❖ Must be a Registered Nurse, Licensed Midwife, or Nurse Practitioner and have completed a New York State Department of Health approved Sexual Assault Examiner course. Upon successful completion of this course the Examiner volunteers to be on call for 12 hour shifts and will be compensated if called to the Emergency Department (E.D.). SAFE provides nonjudgmental, compassionate care in the E.D. immediately after a sexual assault. Care includes collecting evidence for future possible prosecution, dispensing medication to prevent sexually transmitted diseases, emergency contraception and testifying in criminal court proceedings.

### TAPPAN ZEE THRIFT SHOP

- ❖ Volunteers are needed to assist in the daily operation at the Piermont store for a few hours per month. The shop serves multiple non-profit organizations. Funds generated by the shop are allocated to the Shelter according to the number of volunteer hours donated. Buyers are needed as well for the exceptionally fine selection of merchandise. The store is open for business Tuesday, Thursday, Friday and Saturday, 10-4; Wednesday 1-4 and Sunday 2-5.



# Rockland Family Shelter

*Domestic Violence & Sexual Trauma Services for Women, Children & Young Adults*

**2 Congers Road, New City, NY 10956**

**(845) 634-3391, FAX (845) 634-3396**

## Office Use Only

Notes:

<input type="checkbox"/> CASS	<input type="checkbox"/> Outreach	_____ Date of Review
<input type="checkbox"/> Satellite	<input type="checkbox"/> Fundraising	_____ Contacted
<input type="checkbox"/> Spring Valley	<input type="checkbox"/> DV Hotline	_____ Start Date
<input type="checkbox"/> RCC	<input type="checkbox"/> TZ Thrift Shop	_____ Supervisor

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ Additional languages spoken: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Please circle the area of volunteer work that you are interested in:

Child Care / DV Hotline / Fundraising / Office Work / Outreach Special Events / Rape Crisis Counselor / Satellite Office / Shelter Driver or Shopper / SAFE / Thrift Shop

Hours you are available, please specify time:

Days: S M T W Th F S \_\_\_\_\_ Eves: S M T W Th F S \_\_\_\_\_

Weekends: \_\_\_\_\_ Holidays: \_\_\_\_\_

Have you ever been a volunteer before?

If so, please list where and the specific tasks you performed:

Why are you interested in Rockland Family Shelter?

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Are you being treated for any medical conditions? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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If applicable to your volunteer position, please record the following information:

New York State Driver's License Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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#### REFERENCES

Please list three (3) references (**one person in a professional capacity** and two others)

1.	_____	_____
	Name	Relationship to you
	_____	_____
	Address	Phone
	_____	_____
	Town	State                  Zip
	_____	_____
2.	_____	_____
	Name	Relationship to you
	_____	_____
	Address	Phone
	_____	_____
	Town	State                  Zip
	_____	_____
3.	_____	_____
	Name	Relationship to you
	_____	_____
	Address	Phone
	_____	_____
	Town	State                  Zip
	_____	_____

## RFS PLEDGE OF CONFIDENTIALITY

I understand and commit to the following:

- I will not disclose any information about Rockland Family Shelter clients under any circumstances. This includes their name, address, phone number, location or any other identifying information.
- I will not disclose whether or not an individual is using or ever has used Rockland Family Shelter services.
- I will not disclose the location of the Emergency Shelter.
- I will not acknowledge or greet a client that I see outside of the Rockland Family Shelter unless they greet me first.
- I will respond to any inquiries about Rockland Family Shelter clients by stating that I am not authorized to discuss or disclose any information including whether or not an individual is a client or caller.

I received and have read a copy of the RFS Pledge of Confidentiality. I understand and agree to abide by the terms of the RFS Confidentiality Policy.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_