



275 Lake Avenue, Rochester, NY 14608 • (585) 935-7800 • Fax (585) 935-7804 • www.BivonaCAC.org

VOLUNTEER APPLICATION

Personal Information

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

Emergency Contact _____ Phone _____ Relationship _____

Hobbies/Interests _____

Education

Name of School/College _____ Year Graduated _____

Course of Study _____ Degree/Licenses Held _____

Work History

Current Employer _____ Job Title _____

Supervisor _____ Length of Employment _____

Briefly describe your duties and responsibilities _____

Previous Employer _____ Job Title _____

Supervisor _____ Length of Employment _____

Briefly describe your duties and responsibilities _____

Volunteer Experience and Availability

Agency _____

Duties/Responsibilities _____

Agency _____

Duties/Responsibilities _____

Days and times available to volunteer at Bivona _____

Volunteer Work Desired (please check your area(s) of interest)

____ Board Sub-committees (PR/Marketing, Finance, IT, Development, Human Resources)

____ General Office Work

____ Special Event Committees (Golf, Wine Tasting, Open That Bottle Night, Child Abuse Summit)

____ Reception Desk/Greet Families

____ Computer Project Support

____ Speakers Bureau

____ Other _____

Projected Length of Commitment: 6 months _____ 1 year _____ Other _____

Skills and background experience (i.e. computer or database programs, management, public speaking, graphic design, newsletter layout, receptionist, etc.) _____

What is your familiarity and/or comfort level with child abuse issues? _____

How did you hear about Bivona? _____

Why do you wish to volunteer for Bivona? _____

References

Please provide three professional/personal references:

Contact Name	Relationship	Address	Phone

Please feel free to contact Bivona Child Advocacy Center at (585) 935-7800 with any questions.

Revised 4/7/11

CONFIDENTIALITY

PURPOSE

This policy is established to protect information concerning employees, clients and collaborative agency representatives against breach of privacy and/or confidentiality.

SCOPE

This policy applies to all employees, volunteers and student interns.

POLICY

During the course of employment, student internship or volunteering at Bivona, an employee, a student or volunteer will acquire confidential and proprietary information about families and children who are clients of Bivona and its collaborative agencies. This information must be handled in the strictest confidence, as confidentiality is critical to the success of the agency. The nature of Bivona's relationship with victims, families and our collaborative agencies requires maintenance of confidentiality. In safeguarding any information received, Bivona earns the respect and furthers the trust of those we serve. Employees, volunteers or students must not disclose any confidential information, purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside of Bivona. Employees, volunteers or students who are unsure about the confidential nature of specific information must ask their supervisor or the Executive Director for clarification and guidance. No acknowledgement that clients have ever been seen at Bivona shall be made to anyone either by telephone, letter or in person unless such a person is known to be covered by the memorandum of understanding (MOU) governing the rules of confidentiality.

An employee who deliberately violates this policy is subject to disciplinary action which may include termination and may also be subject to civil and criminal penalties for disclosing or using confidential information. Any volunteer or student who deliberately violates this policy is subject to dismissal also.

**Receipt and Acknowledgement of Confidentiality Policy
By Employee, Volunteer or Student**

I hereby acknowledge receiving a copy of Bivona Child Advocacy Center's policy regarding confidentiality and I agree to fully comply with said policy.

I am aware that during the course of my employment, serving as a volunteer or working as an intern for Bivona, confidential information may be made available to me, including but not limited to victim, investigative, and medical information, evidence, tactics and techniques and other related information. I understand that this information is confidential and proprietary and critical to the success of the Center and must not be disclosed or used in any manner contrary to the mission of the Center. No acknowledgement that clients have even been seen at Bivona shall be made to anyone by any means unless such person is known to be covered by the memorandum of understanding covering the rules of confidentiality.

In the event of termination of my volunteer services, student placement or employment, whether voluntary or involuntary, I hereby agree not to disclose, utilize or exploit this information with any other individual or organization.

Name: _____ Date: _____



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VOLUNTEER ACKNOWLEDGEMENT

The undersigned, _____ agrees to
(PRINT NAME)
volunteer his or her time to the Bivona Child Advocacy Center, (the "Center"), in the capacity of
_____. The undersigned hereby acknowledges and
(FORM OF SERVICE)

agrees that, in the absence of specific prior written approval by the Center's Board of Directors, any and all services, materials or supplies provided to or on behalf of the Center by the undersigned or his or her affiliates are voluntary in nature and are rendered without expectation of compensation.

(Date)

(Signature)