



DWELLE OT + GENERAL VOLUNTEER APPLICATION

Name	
Date	
Address	
Mobile Phone	
E-Mail Address	
Ethnicity (optional)	
Language Skills	
	<input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write
Other Skills	

Interests

Tell us in which program(s) you are interested in volunteering.

Direct Services

- ___ Occupational Therapy Mentorship Program*
- ___ Monthly Do Wellness Club**
 - ☐ hospitality (provide refreshments/ food)
 - ☐ lead workshop (ie. wellness, career tips)
- ___ Child care program during events

Non-Direct Services

- ___ Community Outreach
- ___ Event planning
- ___ Fund Raising: donation drives
- ___ Other: _____

Availability

During which hours are you available for volunteer?

Days: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday/Sunday ☐
Times: Mornings ☐ Afternoons ☐ Evenings ☐ Specify times: _____

*Duration of OT mentorship program: 12 weeks (TBA)

**Do Wellness Club - Monthly Gatherings: occur every last Monday of each month
(unless otherwise announced)

How did you hear about Dwelle?

Why are you interested in becoming a Dwelle volunteer?

Qualifications

What special skills and qualifications do you have that might help our work?

Do you have any prior experience working with issues of trauma (ie. domestic violence & sexual assault), mental illness or issues faced by marginalized people groups?

Survivors

Many of us are drawn to this work because we are ourselves survivors of domestic violence and/or sexual assault. While volunteering with Dwelle may be a healthy part of a survivor's healing process, it could also be triggering and elicit intense feelings. For this reason, we believe that psychological well-being and self-care should be priorities for anyone engaged in this field—survivor or not.

Are you a survivor of domestic violence and/or sexual assault? Yes ☐ No ☐

Note: Your application is confidential and you do not have to disclose any information that you feel uncomfortable sharing.

If your answer is "yes," is it okay if we disclose that you are a survivor to staff with which you will be working directly so that they can provide you with the proper support? Yes ☐ No ☐

References

Name	
Daytime Phone	
Relationship	
E-mail Address	

Name	
Daytime Phone	
Relationship	
E-mail Address	

Do you object to Dwelle checking with the appropriate authorities for matters of public record regarding your background or history? Yes ☐ No ☐

Dwelle reserves the right to check with appropriate authorities for matters of public record regarding your background or history.

Any past convictions of a felony or misdemeanor should be made known before volunteering:

Do you have fingerprints on file? Yes ☐ No ☐

If yes, where? _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

☐ I understand that I will have to attend a formal training or orientation in order to volunteer.

Thank you for completing this application form and for your interest in volunteering with us.
All information will be kept confidential. Please send the application (via email) to:

Dwelle Collaborative

Email: workwell@dwellecollaborative.com

AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____ [full name of volunteer], agree to work for Dwelle as a volunteer for the **DWELLE VOLUNTEER MENTOR PROGRAM**.

2. As a volunteer, I understand that I control the dates and times when I provide services, however, will remain committed to the mission of Dwelle for the benefit of Dwelle's clients to the best of my ability, unless undue personal hardship arises. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.

3. I am aware that participation as a volunteer may require periods of physical activities, requiring standing, lifting, carrying/ handling hot/sharp objects (ie. food preparation) during various activities and community outings and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.

4. As consideration for volunteering for Dwelle, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Dwelle or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Dwelle as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE DWELLE AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY DWELLE'S WORKERS' COMPENSATION PROGRAM. I authorize Dwelle to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

6. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date: _____

Volunteer Signature

Printed Name

[9/15 - Adapted from the Nonprofit Insurance Alliance Group]