



## **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.*

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.

Please print and return to: HELP of Door County, Inc., 219 Green Bay Rd, Sturgeon Bay, WI 54235-2835

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.

\_\_\_ **Personal Care Bag Attendee:** Sort donations and assemble Personal Care Bags – Distribute Bags to walk-ins during weekly scheduled business day hours

\_\_\_ **Recycling Transporter:** Individual(s) to pick up recycling from the HELP office and take to the recycling center (2/month)

\_\_\_ **Visitation & Exchange Support:** Assists in the exchange of children for their visit with parents who live separately (2-10 hours/week in Northern Door or Sturgeon Bay)

\_\_\_ **General Handyperson:** Maintenance and repair, paint, furniture assembling, picture hanging, furniture transportation, 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 HELpline 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.
  
- \_\_\_ **Art Fairs:** Assist with set-up and checking in artists – 4<sup>th</sup> of July week in Jacksonport and Harvest Festival (Sept) in Sturgeon Bay
  
- \_\_\_ **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?

---



---

\*Once you complete this form, return to HELP at the address below. 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.**  
**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 not to 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/(Circle: Employee/Volunteer)/Date

---

Witness/Date

---

Executive Director/Date

---

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