



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.*

For Office Use Only	
DATE:	
_____	Survey Received
_____	Date Contacted
_____	Orientation
_____	Background Check
_____	Status

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.

Return to: HELP of Door County, Inc., 219 Green Bay Rd, Sturgeon Bay, WI 54235 920-743-8785

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.
- _____ **General Handyperson:** Maintenance and repair, paint, furniture assembling, picture hanging, furniture transportation, furnace filter changing, window washing, snow/ice shoveling, 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 hotline 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. Distribute and sell coupon books.
- _____ **Office Cleaning:** Bathrooms, mopping hallway, dusting, washing cupboards, vacuuming, etc.
- _____ **Grant Research/Writing:** Search the Internet for possible grant opportunities

*Once you complete this form, return it to HELP at the above address. 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., Suite 1
Sturgeon Bay, WI 54235-2835**

**920.743.8785 (Business)
920.743.8818 (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 to not 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

Date

Witness

Date

Executive Director

Date

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