



Phone: (515) 573-4331

**THE KEY ON CENTRAL  
VOLUNTEER APPLICATION**  
 1036 CENTRAL AVENUE  
 FORT DODGE, IA 50501

Website: [www.dsaoc.com/thekey](http://www.dsaoc.com/thekey)

Email: [thekey@dsaoc.com](mailto:thekey@dsaoc.com)

Help us to make the future brighter for many in our community...

**DIRECTIONS** –Thank you for your interest in volunteering at The Key On Central/DSAOC; volunteers are a very important part of what we do. Please complete this brief application telling us about yourself and returned it The Key with the attached Confidentiality Agreement signed.

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Name \_\_\_\_\_

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

County \_\_\_\_\_ Home Number (\_\_\_\_) \_\_\_\_\_

Work Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**EDUCATION**

	Name and Address for each School Listed	Circle Highest Yr. Completed				Diploma or Degree Received
		9	10	11	12	
High School		9	10	11	12	__Y __N
College		1		2		__Y __N
						Type
						Type
Other Education		1	2	3	4	__Y __N
						Type
Retail experience that you feel may help you at The Key:						

**EMPLOYMENT HISTORY** (ENTER MOST RECENT JOB FIRST)

Employer	Your Job Title	Date Started		Date Left	
		MO.	YR.	MO.	YR.
Employer's Address	Supervisor's Name	May we contact this employer?			
		YES		NO	
Hours per Week Employed	Reason for Leaving				

Briefly description of Duties and Responsibilities (in detail):

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**VOLUNTEER HISTORY**

Volunteer Agency	Volunteer Title	Date Started		Date Left	
		MO.	YR.	MO.	YR.
Volunteer Agency's Address	Supervisor's Name	May we contact this employer?			
		YES		NO	
Hours per Week Volunteered	Reason for Leaving				

**CRIMINAL RECORD**

Do you have a criminal record? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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D/SAOC conducts an informal background check on all volunteers or potential volunteers. Do you give D/SAOC consent to do so?    Yes     NO

Comments: \_\_\_\_\_

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Please provide the following information:

Name: (including maiden) or any other name you have used: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_    SS#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Consent

\_\_\_\_\_  
Date

**AVAILABILITY**

Please indicate days and times when you're available, including night/weekend hours

<u>Days</u>	<u>Available Hours</u>
Monday <u>STORE CLOSED</u>	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday <u>STORE CLOSED</u>	_____

*Thank you for your interest in volunteering at The Key On Central. We hope that you will find volunteering at The Key On Central a fun and rewarding experience!!!*

*Please check out the D/SAOC website [www.dsaoc.com](http://www.dsaoc.com) for other volunteer opportunities.*



## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, understand that by signing this confidentiality statement I will adhere to the confidentiality of clients that receive services from Domestic/Sexual Assault Outreach Center. Confidentiality means **EVERYONE** including the agencies, family members, advocates, board members or the general public who first initiated services with said client. The confidentiality of said client will not be breached thereafter unless express written or oral approval from the client. **This also extends to meeting a former or current client in public areas. The client has the option to open a dialogue but employees/volunteers may not.** Breaching confidentiality may result in suspension without pay and/or immediate termination. This agreement will be reviewed twice a year.

\_\_\_\_\_  
EMPLOYEE/VOLUNTEER

\_\_\_\_\_  
DATE