Gulf Coast Center for Nonviolence, Inc.
P.O. Box 333
Biloxi, MS 39533

P. O. Box 333
Biloxi, MS 39533
(228) 435-1968 Crisis Line
(800) 800-1396 Crisis Line
(228) 436-3809 Office (228)
374-4031 Office (228)
435-0513 Fax

Volunteer Application

Contact Information

Name	
Street Address	
City, State ZIP	
Mailing Address (if different)	
City, State ZIP	
Cell Phone	
Home Phone	
Work Phone	
Is it okay to contact you at your work number if we cannot reach you at home? ☐ Yes ☐ No	
Email Address	

Availability

During which hours are you available for volunteer assignments?

___ Weekdays ___ Weeknights ___Weekends

Interests

Tell us in which areas you are interested in volunteering. Description of these teams is on page 3.

___ Crisis Line/Volunteer RAs
___ Sexual Assault Victim Advocate
___ Donation Pickup/Delivery Team
___ Administrative/Clerical Volunteer
___ Children's Program Volunteer
___ Other (specify): _____

___ Tabling Events Volunteers
___ Garden Volunteers
___ Holiday Activities Team
___ Art Group Volunteers
___ Concert Ushers

Our Policy

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

Thank you for completing this application form and for your interest in volunteering with us.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP	
Phone	
Alternate Phone	
E-Mail Address	

Confidentiality Policy

Mississippi Code Section 93-21-109 (2): Any employee, contractor, volunteer, or agent of any other entity in possession of information which could tend to identify a victim of domestic violence, who discloses any information which is exempt from disclosure under the Mississippi Public Records Act of 1983, or makes any observation or comment about the identity or condition of any person admitted to a shelter or receiving services of a shelter, unless directed to do so by an order of a court of competent jurisdiction, shall be civilly liable to the person whose personal information was disclosed in the amount of Ten Thousand Dollars ($10,000.00), plus any compensatory damages that the individual may have suffered as the result of the disclosure.

At our Center, confidentiality and safety of our clients and staff are of utmost concern. As a volunteer, it is vital that you understand the confidential nature of any information you may gather while at the Center or working on behalf of the Center. By completing this application, you agree to never divulge the location of our shelters and to treat with confidentiality **any** information about any person who contacts the Center for services, including client identities, medical, social service, legal or other records. You agree not to discuss or divulge any information related to Center business or to any individual you see on behalf of the Center with anyone other than the appropriate Center personnel.

Agreement and Signature

Name (printed)	
Signature	
Date	