



Volunteer Application

You may email your completed application to officem@thefriendshipcenter.org.

If you prefer to print and mail this application, you can send it to our address provided at the top of this page.

Past Client Quotes

“I really appreciate every one of you. Thank you for letting me stay there and listening to me when I need someone to talk to.”

“Thank you for allowing me to keep my dignity, for resources to grow, for resources to be kept safe and fed and encouraged. Thank you.”

“The Friendship Center saved my life! I escaped an abusive relationship and found safe housing and classes and a support system I needed to make positive changes. I am forever indebted to this wonderful organization and marvelous and caring and knowledgeable staff.”

“Don’t be afraid of your freedom. Thank you for everything. I owe it all to all of you. I will never forget. Thank you.”

About The Friendship Center

Founded in 1971, The Friendship Center is the community resource for addressing and preventing domestic violence, sexual assault, and stalking through advocacy, education, and outreach in Lewis and Clark, Broadwater, and Jefferson counties.

Domestic violence, sexual assault, and stalking do not discriminate and neither do we. Our services are available to anyone, regardless of gender or sexual orientation.

Our Services

We provide a safe place for survivors to find support and healing. Services include:

- 24-hour crisis line
- Emergency shelter and transitional housing
- Walk-in support
- Support groups
- Referrals
- Civil, criminal, legal, personal, and medical advocacy

TFC strives to assist people of all ages to live free of violence and to make their own choices through empowerment. The empowerment model is client-driven and supported by resources offered by TFC and other agencies.

Our Mission

Our mission is to be a safe haven for those affected by domestic violence, sexual assault, and stalking and to empower our community to flourish in relationships free from violence.

Application

Contact Information

Name	
Address (Street, City, State, ZIP)	
Phone #	Alternate phone #
Email	

Education

Please describe your education. Include highest education received and any relevant courses/classes.

Degree, certificate, license, etc.	Institution and dates attended or awarded
Relevant courses/classes	
Degree, certificate, license, etc.	Institution and dates attended or awarded
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Volunteer / Work Experience

Please list related work and/or volunteer experience. Include name, description of work, and dates of work/service. If you wish, you may include additional attachments or a resume with relevant information when you email or mail your completed application.

Role or type of work	Dates of work
Description	
Role or type of work	Dates of work
Description	
Role or type of work	Dates of work
Description	

Which volunteer roles are you interested in?

Select all that apply.

Organizing donations

Front desk/office work

Community outreach

Special events

Outdoor/indoor cleaning

Other (please describe)

How frequently are you interested in volunteering?

Select all that apply.

One-time events

Projects

Regularly scheduled hours

Please answer the following questions so we can learn a little about you. 😊

Why are you interested in volunteering with The Friendship Center?

What are some of your hobbies and interests?

What do you hope to get out of volunteering with us?

What skills/qualities do you hope to bring to the volunteer role/s that you're interested in?

When are you available to volunteer?

Select all that apply.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Times of day Times of day Times of day Times of day Times of day Times of day Times of day

Total hours available: _____ per week OR _____ per month

Emergency Contact Information

Name	Relationship
Email	Phone
Name	Relationship
Email	Phone

References

Name	Relationship
Email	Phone
Name	Relationship
Email	Phone

Volunteer Agreement

I affirm that all statements herein are true and accurate to the best of my knowledge and my ability to answer, and I authorize The Friendship Center to check my education, employment, and community service background as necessary to complete the application process.

Signature

Date

Confidentiality Agreement

The Friendship Center is a private, not-for-profit organization, which rents and/or owns, and maintains the building(s) in which the business matters of the organization are handled and in which victims of domestic/intimate partner violence, sexual assault, and/or stalking are provided services and/or sheltered.

The Board and all staff, volunteers, independent contractors, funders, agents, and all others involved in Friendship Center matters are charged with maintaining the confidentiality of Service Participants as outlined in The Friendship Center policies, and in federal and state law.

It is the policy of The Friendship Center to hold confidential all communications, observations, and information made by, between or about Service Participants, including the identity of Service Participants. It is also the policy of The Friendship Center to keep confidential personal information about Advocacy Service Providers, including but not limited to, residential addresses and phone numbers. The obligation to maintain confidentiality does not end when the service to a Service Participant is concluded. Confidentiality extends to all current and former Service Participants.

I understand the need to protect the privacy and confidentiality of Friendship Center and its service recipients, in accordance with Friendship Center policy. I agree to keep confidential all client information that I observe and am privy to at The Friendship Center. All information regarding individuals is to be kept within the confines of The Friendship Center, its programs and/or facilities. Client information is to be discussed only with Friendship Center social service staff.

I agree to maintain and hold confidential all communications, observations and information made by, between and about Friendship Center Service Participants, and understand that violation of client confidentiality could be grounds for disciplinary action and/or prosecution, according to the procedures set by The Friendship Center and any applicable laws.

Signature

Date

Criminal Background Check Policy

It is the policy of The Friendship Center to conduct a criminal background check on all prospective employees and volunteers, ages 18 and older. The background check includes a SSN search to verify identity and address history, a national crime database search, a sex offender search, and a state-level criminal court search.

Applicants or current paid/unpaid employees are not eligible for employment if they have been convicted of the following:

- Any conviction involving the sale, manufacture, or distribution of a controlled substance
- Any conviction involving bodily harm to another individual or the use of a weapon in the commission of a crime
- Any conviction of illegal sexual activity or indecency
- Any conviction of abuse or neglect of a child

NOTE: Any convictions are to be reviewed and discussed by TFC staff and may result in a decision to hire or not hire the individual involved. If you are aware of any convictions that will be on your report, please feel free to offer a disclosure or explain your record below.

I authorize The Friendship Center staff to conduct a criminal background check of my record.

Signature

Date

Information needed to complete background check:

Full name

Other names used (alias, maiden, prior name, etc.)

Date of birth

Sex

Social Security Number

Phone

Email

Address (Street, City, State, ZIP)

You may use the space below to explain any portion of your record. If no explanation is necessary, or you prefer not to, you may leave it blank.