



**Project ReNeWal Domestic Violence Intervention Program, Inc.**  
Post Office Box 1205 • Conyers, Georgia 30012 • (770) 860-9770

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Thank you for your interest in becoming a volunteer with Project ReNeWal. Volunteers are very important to our agency. Without volunteers, we would not be able to provide as many services to our clients as are needed.

I have enclosed a volunteer application. Please complete all forms and mail it to our administrative office at P O Box 1205, Conyers, GA 30012.

We require all volunteers to attend a training session which is held at the administrative office. We will contact you when the next volunteer training has been scheduled. They are usually held every other month.

We ask that volunteers make a 6 month commitment and volunteer at least twice per month. You must attend a training to become a volunteer at Project ReNeWal. All information regarding our facility is confidential. If you have any questions, please do not hesitate to contact me.

Thank you,

A handwritten signature in black ink that reads "Kerri Smith". The signature is fluid and cursive, written in a professional style.

Kerri Smith

Grant Administrator/Volunteer Coordinator

[ksmith@project-renewal.com](mailto:ksmith@project-renewal.com)

CRIMINAL HISTORY CONSENT FORM

**Project ReNeWal**

I hereby authorize \_\_\_\_\_ to receive any criminal history record information pertaining to me that may be in the criminal justice files of the State of Georgia or local criminal justice agency in the State of Georgia.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

*Special employment provisions (check if applicable):*

- Regular Employment (Purpose code 'E')
- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Personal Request without Consent (Purpose code 'P')

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Please print legibly. Print all information except signature. Our hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. There is a 24-hour turnaround time on this report during normal business hours.

**Project ReNeWal has a great need for volunteers who can commit to volunteering for a minimum of six months and volunteer at least 2 hours per month. If you are unable to make this commitment, we will be happy to place you on our on-call or as-needed volunteer list. In this case, your services would be utilized for one-time projects, special needs or on an as-needed basis.**

**Direct Service**

- Childcare
- Client Assistance

**Volunteers for direct service will need to:**

- Attend the volunteer training
- Sign a confidentiality statement
- Complete a first-aid/CPR course or have a certificate of completion within the last 2 years (Project ReNeWal offers it every 2 years – volunteers are invited to attend)
- Consent to a background check
- Be fingerprinted (if working with children)
- Attend any follow-up volunteer trainings

**Indirect Service**

- Clerical
- Shelter Help
- Fundraising/Community Relations
- Donation Solicitation
- Special Events/Holidays

**Volunteers for non-direct service will need to:**

- Attend the volunteer training
- Sign a confidentiality statement
- Consent to a background check
- Attend any follow-up volunteer trainings

**Project ReNeWal  
Domestic Violence Intervention Program, Inc.**

***Volunteer Application***

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Other - please specify type)

Email Address: \_\_\_\_\_

**Availability:**

**Days of the Week:**

**Times:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list professional skills and/or volunteer or personal interests:**

\_\_\_\_\_  
\_\_\_\_\_

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**For Office Use Only:**

\_\_\_\_\_ **Attended Volunteer Training**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Signed Confidentiality Agreement**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Completed Criminal Background Check**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Signed Grievance Statement**

**Date:** \_\_\_\_\_



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Date: \_\_\_\_\_

I, the undersigned understand and agree that any information that I may become knowledgeable of during my visit to Project ReNeWal's Shelter will remain totally confidential, this including but not limited to the location of the shelter and/or names of residents currently or previously housed. I also understand that is a violation of law to ignore this agreement and could cause irreparable damage, to those at the shelter and those working for the shelter, for which I could be held liable should I not honor this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

# Information for Fingerprinting

**\*Please Print\***

## Personal Information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

SSN (no dashes): \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_