

Volunteer Application and Agreement		Date
Name		
Contact information Phone, email, address		
Other pertinent information Names / ages of children Work status		
Why are you interested in volunteering with PSVa? How many hours per week / month are you interested in volunteering? How did you learn about PSVa?		
Professional or personal experience as it pertains to PSVa (PPD survivor, friend/ relative of PPD survivor, etc) Any additional information you wish to share.		
References Please provide two references and contact information		
Skills and Interests		
<p style="text-align: center;">Direct support to new mothers</p> <p><input type="checkbox"/> Responding to calls and emails as a “Mom on Call”</p> <p><input type="checkbox"/> Leading a support group (including substituting)</p> <p><input type="checkbox"/> Speaking at mothers’ groups</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;">Support to PSVa</p> <p><input type="checkbox"/> Administrative support</p> <p><input type="checkbox"/> Special event planning and execution</p> <p><input type="checkbox"/> Communications / social media</p> <p><input type="checkbox"/> Database management and support</p> <p><input type="checkbox"/> PR / media relations</p> <p><input type="checkbox"/> Grantwriting, management, and reporting</p> <p><input type="checkbox"/> Outreach to maternal-child healthcare providers</p>	

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<p><i>Postpartum Support Virginia (PSVa) volunteers provide direct support and information to those seeking assistance and/or administrative and outreach support in support of our mission.</i></p>	
<p>PSVa pledges to provide volunteers with:</p> <ul style="list-style-type: none"> • all necessary information and resources to fulfill their volunteer responsibilities. • ongoing training, resources and up-to-date field research/information. • a primary point of contact within the organization. • connections to the PSVa team -- including volunteers, staff, and others as appropriate -- for support and information. 	
<p>PSVa requires each volunteer to:</p> <ul style="list-style-type: none"> • complete and submit a Volunteer Application and Volunteer Agreement to the operations director. • complete and submit an Annual Volunteer Registration form to the operations director. • pledge a 1-year commitment to PSVa, except as otherwise agreed. To the extent that the volunteer's circumstances change and she is unable to honor the pledge, the volunteer will notify PSVa immediately. • update the operations director with changes to personal contact information including e-mail and phone number in a timely manner. • attend or participate in PSVa volunteer meetings and/or conference calls, as requested. • report time and attendance to PSVa's operations director on a quarterly basis. • agree that all information acquired in volunteering, including information from a mother, her family and/or support network (hereinafter "a mother") belongs to PSVa and information must be returned to PSVa upon termination of volunteer work. 	
<p>In addition, PSVa requires that volunteers who provide direct social support to a mother:</p> <ul style="list-style-type: none"> • attend PSVa's social support volunteer training. • observe at least two support group meetings or shadow at least two phone calls, as requested. • provide social support, information, and resources, NOT medical advice. • understand that they are link in the chain to other resources, such as community services, mental health professionals, and medical providers and are not responsible for medical assessment of a mother. • understand that confidentiality is between PSVa and a mother and is not exclusive between the volunteer and a mother, i.e. PSVa and a volunteer can share a mother's information within the organization. • report any crisis situations to PSVa's operations director, outreach director or executive director immediately or as soon as possible. 	
<p>If I serve as a PSVa volunteer, I agree to and will comply with the above terms and conditions.</p> <p>Name and Signature</p> 	

Please complete and return to JaLyn Tiffany at jtiffany@postpartumva.org