



**Safe Passage**  
423 South Cascade Avenue  
Colorado Springs, CO 80903  
Phone: 719-636-2460  
Fax-888-273-8796

## Family Support Volunteer Application

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name/ Former Last \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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

Day time Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**How did you learn about our volunteer program?** \_\_\_\_\_

**Please explain why you are interested in Safe Passage as a volunteer opportunity.**

**Do you have any volunteering experience? If yes, please list the organization and position where you volunteered.**

**Please list your last two employers or volunteer positions (List most current/most recent first):**

**1. Business Name** \_\_\_\_\_ Please Circle one: **Volunteer** OR **Employed**

Starting Date: \_\_\_\_\_ End Date (or N/A if current) \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Description \_\_\_\_\_

**2. Business Name** \_\_\_\_\_ Please Circle one: **Volunteer** OR **Employed**

Starting Date: \_\_\_\_\_ End Date (or N/A if current) \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Description \_\_\_\_\_

**Please list three personal references with phone numbers:**

**Reference 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reference 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reference 3:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Availability:** Please check all that apply. We generally schedule one shift per week, and prefer consistency.

**Monday**

9:00 – 1:00

11:00–3:00

1:00 – 5:00

**Tuesday**

9:00 – 1:00

11:00–3:00

1:00 – 5:00

**Wednesday**

9:00 – 1:00

11:00–3:00

1:00 – 5:00

**Thursday**

9:00 – 1:00

11:00–3:00

1:00 – 5:00

**Friday**

9:00 – 1:00

11:00–3:00

1:00 – 5:00

*Note: During your time at Safe Passage you may be involved in a variety of tasks related to our day-to-day functioning.*

**Your emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Due to the nature and sensitivity of the investigations which take place at Safe Passage, we ask all volunteers to sign an Agreement of Confidentiality and agree to a criminal background check.

Are you willing to undergo a criminal background check? \_\_\_\_\_

Are you willing to sign an Agreement of Confidentiality? \_\_\_\_\_

**I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize Safe Passage, Inc. to make inquiries concerning my character, police records, and background for the purpose of determining my suitability as a volunteer. I understand that all information will be held in the strictest confidence.**

**I also understand that Safe Passage, Inc. may terminate my volunteer services without cause at any time.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## **Volunteer Guidelines & Confidentiality Agreement**

In your work at Safe Passage you will read and hear a great deal of information about children who have been abused, as well as their families and their suspected perpetrators. You may discuss this information with other professionals as you perform your duties, however, there are some professional, ethical and legal restraints placed on revealing the information you will obtain.

The following outlines Safe Passage's expectations for you as a volunteer within our center and shall be adhered to without exception. Please read the following statements below and acknowledge your compliance by signing and dating this document. If you should have any questions or require any clarification, please discuss with the appropriate Safe Passage staff member prior to signing.

### **1) Contact with Clients:**

- You may not have contact with any SAFE PASSAGE child and/or family outside assigned SAFE PASSAGE tasks.
- Do not give your last name or home telephone number to children or family members.
- You must not establish a secondary relationship (i.e. babysitting, etc.)
- Any form of solicitation in which you are representing SAFE PASSAGE must be approved in advance by a SAFE PASSAGE staff member.

### **2) Appropriate Dress:**

- All volunteers are asked to dress appropriately for their volunteer roles. Volunteers should wear comfortable clothing that does not limit their ability to interact with children in the play area. Clothing that is not acceptable includes, but may not be limited to: items that are "sloppy", unkempt, or see-through, halter or low cut tops, shorts, dresses that are too short, tight, and/or revealing clothing, bathing suits, tank tops, T-shirts with obscenities and/or vulgar animation.

### **3) Confidentiality:** Information related to the child and/or family is absolutely confidential. You must use your own good judgment in this matter. An example of an unprofessional revelation would be telling a group of friends at a party the details of a child molestation case complete with defendant's name and the details of his or her offense. This is public information but inappropriate for discussion under the circumstances.

### **4) Interpersonal Boundary Expectations:**

- Do not change a diaper or take a child to the bathroom. You may show a child the location of the bathroom, but these jobs are for parents and/or caretakers. If parents are involved in an interview or session, ask SAFE PASSAGE staff for the best way to interrupt.
- Do not physically discipline a SAFE PASSAGE child in any way. If you feel that a child is out of control, contact a SAFE PASSAGE staff member immediately for assistance.
- The children who visit Safe Passage may have been hurt by touch. Always ask before touching a child. It is our goal to support the child while respecting their personal right to be free of touch or anything that makes them feel uncomfortable.
- Monitor a child's play. Ask a child to discontinue any aggressive behavior as well as play or activity that appears dangerous or inappropriate. If a child does not comply with your request, contact a SAFE PASSAGE staff member immediately for assistance.

- 5) Contact a staff member immediately should you become involved in any criminal court proceedings (i.e. arrests, child abuse/neglect allegations of any kind, domestic violence, etc.)
- 6) You are important to us. Therefore, we may suggest a particular placement that best suits your skills and talents. We want you to be happy and satisfied with your volunteer experience.
- 7) Do not provide legal advice of any kind. Do not make promises to children or parents. "I don't know, but I will try and find the answer for you" is a good response when put on the spot.
- 8) Do not be afraid to ask for help. We are here to provide support and assistance to you. These are difficult situations, and we all need help at one time or another. Your commitment to children and the SAFE PASSAGE mission is very important. If you become unable to continue your role as a SAFE PASSAGE volunteer, please contact the office manager at your earliest convenience. We know that your well-being and that of your family comes first.
- 9) Working with families of child sexual abuse may trigger an unanticipated emotional response. Do not hesitate to discuss your questions or concerns with the staff.
- 10) Remember, the children and families that will visit Safe Passage may be experiencing great stress and/or trauma. They may feel overwhelmed, sensitive, or even defensive at times. Simply listening may be the best talent you can give...
- 11) We value your time at SAFE PASSAGE and ask that you post your hours of service each day you volunteer. Your volunteer hours help support our grant applications.

Legally, you are bound by Federal and State laws regarding the revelation of criminal justice records. When working or volunteering at Safe Passage you will be bound by the following statement:

All personnel, paid staff and volunteers, shall treat as confidential the official business of the office; and the contents of any investigation shall not be exhibited or divulged to any person except when required in the performance of their duties. Disclosures of Criminal Justice Records are subject to the provisions of the Criminal Justice Records Act, Part 3 of Article 72 of Title 24, and Colorado Revised Statutes 1973, as amended.

The misuse of any information by a deliberate or negligent revelation which is intended to jeopardize the lawful prosecution investigation of an alleged crime is called "Obstruction of Justice" and can, under some conditions, be prosecuted as a crime.

I HAVE READ AND HAVE HAD EXPLAINED TO ME THE LAW CONCERNING CONFIDENTIALITY OF RECORDS. I UNDERSTAND I AM PERSONALLY RESPONSIBLE FOR ANY DELIBERATE OR NEGLIGENT BREACH OF THE FEDERAL OR STATE LAW CONCERNING CONFIDENTIALITY.

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Signature

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Date