

# **Family Support Volunteer Application**

Date	-					
First Name	MI	Last Name				
Maiden Name/ Former Last		I	DOB			
Phone #	E-Ma	il				
Address						
City		State	Zip			
Emergency Contact		Emergency Phone I	Number			
Are you a student requiring cla	ss credit or intern	ship/volunteer hours?				
<b>NO YES:</b> Number of	NO YES: Number of required hours					
How did you learn about our vo	lunteer program?	·				
Please explain why you are inter	rested in Safe Pas	sage as a volunteer oppo	rtunity:			
Please list your last two employe	ers <u>or</u> volunteer p	ositions (List current/mos	t recent first):			
1. Business Name			□ Volunteer □ Employed			
Starting Date	Enc	d Date (or N/A if current)				
Job Description						
Supervisor	]	Phone #				
2. Business Name			□ Volunteer □ Employed			
Starting Date:	Enc	d Date (or N/A if current)				
Job Description						
Supervisor	j	Phone #				

#### Please list three references (Email Preferred):

Please refrain from listing family members or significant others. We will ask questions about your interactions with children or youth and your general work ethic. **Please select references accordingly.** 

Reference 1:	_ Relationship:
Email:	_ Phone:
Reference 2:	_ Relationship:
Email:	_ Phone:
Reference 3:	_ Relationship:
Email:	_Phone:

**Availability:** Please check <u>all</u> that apply. We generally schedule one shift per week, and prefer consistency. \*We understand student schedules are subject to change, specifically at semester.

Monday	Tuesday	Wednesday	Thursday	Friday
<b>□ 8:00 - 12:30</b>	<b>□ 8:00 - 12:30</b>		<b>□ 8:00 – 12:30</b>	8:00 - 12:30
11:00- 3:00 12:30-5:00	$\square$ 11:00- 3:00 $\square$ 12:30 - 5:00	11:00-3:00 12:30-5:00	11:00-3:00 12:30-5:00	$\Box 11:00-3:00 \\ \Box 12:30-5:00$

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

# **Agreement and Understanding of Duties**

**POSITION:** Family Support Volunteer

SUPERVISOR: Volunteer Coordinator

#### **PURPOSE OF POSITION:**

Welcome families and professionals to Safe Passage and assist the Staff to provide a child-friendly, private, comfortable and supportive environment for child victims of abuse.

## **COMMITMENT:**

(Flexible) One 4-5 hour shift per week. Commitment term of at least **6 months** requested. Shifts are typically **8:00-12:30**, **11:00-3:00**, **or 12:30-5:00** on weekdays (M-F) and remain consistent week to week.

#### **DUTIES:**

- 1. Greeting and answering questions for families as they arrive at Safe Passage; becoming the obvious, visible presence in the waiting area for children, teens, and their families.
- 2. Provide age appropriate and companionable playroom supervision, providing snacks, drinks, and playroom cleanup.
- 3. Sitting and conversing with teens in the waiting area.
- 4. Daily duties **will include** stocking snack/supplies, sanitizing toys and high traffic areas, emptying waste cans, sweeping entryways, watering plants, organizing and straightening guest and stock areas, and other tasks relating to our basic functioning.
- 5. Other tasks may include but are not limited to: copying, shredding, addressing/stamping mailings, assembling pamphlets/handbooks, or assisting with general clerical duties.
- 6. Taking initiative to find special/extra projects when there is downtime.
- 7. Ability and willingness to accept the most effective role at any given time.

## **BASIC REQUIREMENTS:**

- 1. Complete an application and provide three references as stipulated.
- 2. Be eighteen (18) years of age or older.
- 3. Possess no felony convictions, nor be listed on the Central Registry for Child Protection.
- 4. Must understand confidentiality and the personal commitment to maintain confidentiality at all times. Must sign a confidentiality statement.
- 5. Participate in a pre-service interview with the Volunteer Coordinator.
- 6. Have access to reliable transportation and to telephone.

## SKILL/ABILITY REQUIREMENTS:

- 1. Individuals with skills and/or professional experience in working with children and teens preferred.
- 2. Consistently keep all meetings and volunteer shift commitments as agreed upon.
- 3. Ability to establish rapport and create comfort level with children and accompanying caregivers.
- 4. Conduct oneself in a professional manner at all times when representing Safe Passage.
- 5. Maintain a positive and accepting demeanor when relating to others of varying backgrounds and life circumstances.
- 6. Maintain confidentiality in all information pertaining to clients and cases.
- 7. Ability to communicate effectively and professionally both verbally and in writing.
- 8. Willingness to volunteer within the guidelines, policies and standards of Safe Passage.

## I have read and agree to the terms above. I understand the duties and expectations of this volunteer role.