

Safe Passage 2335 Robinson St. Colorado Springs, CO 80904

Phone: 719-636-2460

Fax-888-273-8796

Family Support Volunteer Application

Date	_			
First Name	MI	_ Last Name		
Maiden Name/ Former Last			OOB	
Phone #	E-Mai	1		
Address				
City		State	_Zip	
Emergency Contact		Emergency Phone N	Number	
Are you a student requiring cla	ass credit or interns	hip/volunteer hours?		
NO YES: Number o	f required hours	Required Co	mpletion Date	
How did you learn about our v	olunteer program?	-		
Please explain why you are into	erested in Safe Pass	age as a volunteer oppo	rtunity:	
Please list your last two employ	yers <u>or</u> volunteer po	ositions (List current/mos	t recent first):	
1. Business Name			☐ Volunteer	☐ Employed
Starting Date	End	Date (or N/A if current)		
Job Description				
Supervisor	P	Phone #		
2. Business Name			☐ Volunteer	☐ Employed
Starting Date:	End	Date (or N/A if current)		
Job Description				
Supervisor	P	Phone #		

Please list three references (Email Preferred):

Please refrain from listing family members or significant other	rs. We will ask questions about your interactions with
children or youth and your general work ethic. Please select r	eferences accordingly.
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Reference 1 :		Relationsh	nip:							
Email:		Phone:	Phone:							
Reference 2:		Relationsh	nip:							
Email:		Phone:								
Reference 3:		Relationsh	nip:							
Email:		Phone:								
Monday ☐ 8:00 – 12:30 ☐ 11:00− 3:00 ☐ 12:30 – 5:00	Tuesday ☐ 8:00 – 12:30 ☐ 11:00– 3:00 ☐ 12:30 – 5:00	Wednesday ☐ 8:00 – 12:30 ☐ 11:00– 3:00 ☐ 12:30 – 5:00	Thursday \[\begin{aligned} 8:00 - 12:30 \\	Friday 8:00 – 12:30 11:00– 3:00 12:30 – 5:00						
		_								
Agreement of Confident	nsitivity of the investigati	nal background check.	Safe Passage, we ask all	volunteers to sign an						
•	rgo a criminal background an Agreement of Confider									
understand that by sub character, police recor	l statements made on thi omitting this application, ds, and background for ormation will be held in	, I authorize Safe Passa the purpose of determin	ge, Inc. to make inquiri ning my suitability as a	ies concerning my						
I also understand that	Safe Passage, Inc. may to	erminate my volunteer	services without cause	at any time.						
Applicant's Signature		Date								

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	l agree	to t	he 1	terms a	bove. 1	l uno	derst	tand	the	duties	and	expectat	tions o	f this	volu	unteer	role

Applicant's Signature	Date