



Volunteer Information Form

Please complete the following information form. Although some of these questions may feel invasive, they are necessary for the protection of our clients and in the processing of references and Criminal Background Information. Confidentiality is important to our organization and yours will be respected. Your cooperation is appreciated!

How did you hear about us?			
Name:		Date:	
Address:		# Years There:	
City, State, Zip:	Home Phone:	Mobile Phone:	
Business Phone:	Email:	Fax Number:	
Date of Birth:	Birthplace (City & State):		
Place of Employment:	Position:	#Years There:	
Supervisor's Name:		Phone Number:	
Business Address:		City, State, Zip:	
# of Children:	Names/Ages:	Do your children live with you?	
Height:	Weight (approx):	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Anglo <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Social Security Number:		Driver's License #/State:	Other (Student ID):
In the event of an emergency, contact:			
Name:		Relationship:	Phone #:
Do you expect any changes in marital status, employment or residence within the next year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please respond to the following questions. An affirmative response will not necessarily prevent or restrict volunteer activities:			
1. Do you use illegal drugs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been convicted of a criminal offense?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been charged with neglect, abuse or assault?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has your driver's license ever been suspended or revoked in any state?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you responded "yes" to any of the above, please explain:			
Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, School/University Name:	

Personal References (non-family). *At least one must be a professional reference.*

<u>Name:</u>	<u>Relationship:</u>	<u>Email:</u>	<u>Phone#:</u>
1.			
2.			
3.			
4.			

List any previous volunteer experience:

<u>Organization:</u>	<u>Contact Name/Email or Phone:</u>	<u>Your Involvement:</u>	<u>Dates:</u>

List any service or groups that you belong to or participate with:

Alley's House has many diverse needs and opportunities for volunteers. Please check your area of interest:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events Committee |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Intern | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Marketing | <input type="checkbox"/> Workshop Facilitator |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other (please specify): |

How many hours can you volunteer? _____ (Check one that applies): Weekly Monthly

What times can you volunteer? (Check all that apply) Evenings Weekends Weekdays

Do you carry the legal minimum automobile insurance? Yes No

Have you been trained in first aid and/or CPR? Yes No

Other information you feel may be a valuable contribution to Alley's House?

Please read before signing:

- I understand that the information I have provided may be verified and I give permission to Alley's House to make inquiry of others concerning my suitability as a volunteer.
- In the course of volunteering, I may be dealing with confidential information and I agree to keep said information in confidence.
- I affirm that I have read the above and that the information I have given is true and complete.

Signed: _____ Date: _____

Please attach a copy of your Driver's License, Liability Insurance Card, the Criminal Background Check Consent Form and the Mentor Profile Form if you're applying for a mentor position. Please scan and email forms to info@alleyshouse.org or mail to: 4113 Junius St., Dallas, TX 75246. If you have questions, please call 214.824.8700.



Criminal Background Check Consent Form

Authorization for Parties to Release Information Indemnification for all parties involved in background investigation

I **authorize** Alley's House, their staff, or their agents to investigate my background and character, and authorize all persons, companies, law enforcement agencies and schools to release information concerning my background, character and suitability to become a volunteer.

I **understand** that this information may include, but is not limited to, arrest, conviction and driving record information, and I hereby release all local, state, federal law enforcement and other agencies, their officers, employees, administrators and all other persons, companies, schools, firms, organizations or agencies of any kind from any liability or claim of any sort for providing background information concerning me.

I, **the undersigned**, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and hold Alley's House, The Volunteer Center of Dallas County, each of their officers, directors, employees and agents harmless from any and all/related attorneys fees, court costs and any other expenses resulting from the investigation of my background, gathering information concerning me or otherwise verifying personal information in connection with my application to become a volunteer.

I **understand** that this information will be used to determine my eligibility for a volunteer position within this organization. I also understand that as long as I remain a volunteer, the agency may repeat these investigations at any time.

Have you ever been charged or convicted of a misdemeanor or felony?

Yes

No

If yes, please check all that apply and explain:

Charged

Convicted

Misdemeanor

Felony

Details:

Please print your complete, legal name: _____

Sex: Male Female

List all cities/states you have lived in since age 18:

Applicant's Signature: _____

Date: _____

* There is a \$8.00 fee to process a criminal background check. Please mail check to: 4113 Junius St, Dallas, TX 75246

OR

Please provide your credit card information:

Card type: _____

Expiration Date: _____

Card Number: _____

Billing Zip Code: _____



VOLUNTEER CODE OF ETHICS AND RULES

1. Smoking or use of tobacco products in the presence of teen moms is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs is prohibited.
3. Volunteers must treat teen mothers of all races, religions, and cultures with respect and consideration.
4. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison or criticism.
5. Volunteers will abstain from humiliating or frightening discipline techniques.
6. Volunteers will not use profanity in the presence of teen moms.
7. Volunteers will refrain from inappropriate displays of affection toward teen moms.
8. Volunteers must be free of physical and/or psychological conditions that might adversely affect the teen mom's health, including fever or contagious conditions.
9. Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
10. Texas State law requires all citizens to report any suspected abuse or neglect of a child to the Texas Department of Protective and Regulatory Services.
11. I understand that as a volunteer for Alley's House, I will be subject to a background check, including criminal history.

I _____ have read and understand that any violation of this code may be
(please print name)

grounds for removal as a volunteer. By signing this statement, I release Alley's House from all

liability in connection with any volunteer activities.

Signature

Date



Volunteer Confidentiality Policy

Access to Confidential Records

In order for alley's house to provide a responsible and professional service to clients it is necessary for volunteers, clients, and parents of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of the client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records, but also to pictures or use of client or volunteer's name in agency publications.

All records are considered the property of the agency and not the staff, clients, or volunteers themselves. In order to provide services, which are in the best interest of the teen, mothers served by the program, information from outside sources, including confidential references must be assessed along with information gained from the clients or volunteers themselves. Information gathered from references, police reports, school or counselor reports will not be shared with volunteers or the client. Clients and volunteers shall be provided a copy of this statement of confidentiality. Clients and volunteers shall sign a statement that she/he has read and understands the agency policy on confidentiality and agrees to program participation under the guidelines it sets forth.

Limits of Confidentiality

- A. Summary of information only will be released to other individuals or organizations only upon presentation of an authorized "Consent of Release of Information" form appropriately signed by the parent or volunteer.
- B. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the parent or volunteer has given written permission.
- C. For matching purposes, identifying information such as, but not limited to age, sex, race, religion, interest, hobbies, marriage, family status, sexual preferences, exposure to any sexually transmitted disease, living situations and reasons for applying to the program, will be exchanged between the volunteers and clients if the parent or volunteer has given permission. Names are shared only after all involved parties agree to the match. Where relevant, the agency reserves the right to share pertinent information about the volunteer and/or the client.
- D. For purposes of program evaluation, audit or accreditation, and with the prior approval of the Board of Directors, certain professional parties may have access to client and volunteer records. These outside parties shall be required to use the information only for the purposes stated by the approved action of the Board of Directors. Known violations of the agency's confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.

Volunteer Confidentiality Policy

Page 2

- E. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purposes for such review, and the period of time during which access will be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for the purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
- F. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
- G. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation of the agency. Such information is considered privilege information, and law protects its confidentiality.
- H. State law mandates that suspected child abuse be reported to the Department of Protective and Regulatory Services.
- I. If an agency worker receives information indicating that a client or volunteer may be dangerous to herself, himself or others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.
- J. Any information given in confidence to the volunteer about abuse or suicide may be shared with the case worker, parent or guardian if the concealment of the information is not in the best interest of the teen mother or child.
- K. Safekeeping of Confidential Records: the Executive Director is considered the custodian of confidential records. It is his/her responsibility to supervise the management of confidential information in order to ensure safekeeping, accuracy and compliance with the Board Policy and accountability.
- L. The management of confidential information shall be conducted in accordance with the following protocol:
 - i. File records for volunteers will be maintained for a seven-year period after the file has been closed. File records for teen mothers will be maintained until they reach their 22nd birthday. At the completion of the maintenance period, the records will be reduced to statistical information and the file will be destroyed.
 - ii. All case files, both active and closed, shall be kept in locked file cabinets.
 - iii. Mentors/Workers may keep working notes in a notebook for purposes of supervision. These notes are the work product of the worker and shall be treated as confidential at all times. Such notes shall be summarized by the worker and transferred to the appropriate permanent file on a regular basis. However, no such notes shall become part of the permanent record of the client or volunteer and shall be destroyed once they have been transferred to the permanent file.
 - iv. No files shall be removed from the office except for orientation or training sessions, and will be returned immediately following. Non-compliance may result in immediate termination.
 - v. All personnel will sign an agreement to comply with the Confidentiality Statement.



Confidentiality Policy Agreement

I, _____, affirm that I have read and understand the
(Please print name)

Confidentiality Policy which states the agency's policy with respect to confidentiality of
client's records. I agree to program participation under the conditions it sets forth.

Signature

Date



Non-Compete and Non-Solicitation Agreement

I, _____, (print name), as a volunteer of Alley's House agree to the following:

1. I will not deliver Alley's House programming within a 2 year period of my involvement with Alley's House.
2. I may not create or help develop a program that has similar goals and structure to that of Alley's House within a 2 year period of my involvement with Alley's House.
3. I understand that all printed materials, program materials, teaching materials, presentations, and ideas developed while working for Alley's House are the property of Alley's House and may not be reproduced in any way unless written permission is received.

I agree that for a period of 2 years after leaving, not to directly or indirectly recruit, solicit, or otherwise induce or attempt to induce any employee, volunteer, or client of Alley's House to terminate his or her relationship with the organization or otherwise act contrary to the interests of Alley's House.

I acknowledge that the restrictions contained in this agreement are necessary for the protection and goodwill of Alley's House and I consider them to be reasonable for that purpose. I therefore agree that any breach of the terms of this agreement is likely to cause Alley's House substantial and irrevocable damage and irreparable harm.

Volunteer Name

Volunteer Signature

Date