



CHILDREN'S SAFE HARBOR A CHILDREN'S ADVOCACY CENTER **Volunteer Program**

Thank you for your interest in joining the volunteer team at Children's Safe Harbor. Our volunteers give their time and their love to the children we serve. Their courage helps our children find healing, justice, and peace. From greeting children and their families to helping with fundraisers and awareness activities, we need your help. Volunteers make an impact in the lives of the children we serve. With your support, we can continue to help children find healing, justice, and peace for children who have been sexually and/or physically abused.

Volunteer & Internship Application Packet

This packet includes the following documents

- Volunteer Requirements
- Volunteer Application
- Emergency Notification

You may submit your application via fax, email, or mail. If you have any questions, please feel free to contact

Jakira Lewis,
Volunteer Coordinator,
at jakira.lewis@childrenssafeharbor.org or
936-756-4644 ext 233
Fax: (936)756-4313
Mail: Attn: Volunteer Coordinator
1519 Oddfellow Street Conroe, TX 77301

VOLUNTEER REQUIREMENTS

1. Volunteers, who provide direct services to clients, interns and board members must be at least 18 years of age, or older. Volunteers under 18 years of age cannot provide direct services, but can help with support tasks such as collecting and sorting donations outside of Children's Safe Harbor's hours, or offsite.
2. Prospective volunteers and interns must submit a written application (including personal references). The volunteer department will complete a full screening, which includes verifying and checking personal references.
3. The applicant will have a personal interview with a staff member in the volunteer department.
4. Prior to being accepted in a position, applicants for volunteering to provide direct services to clients, interning and board members, must have successfully passed a full screening and background check, criminal history check, child abuse history check, sex offender registry check, reference checks, and complete training. This background check will be completed by the Volunteer Department. Anyone who has prior charges, charges pending, or a conviction for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose a risk to children or the credibility of Children's Safe Harbor will not be accepted as a volunteer, intern or board member. Anyone who has a Child Protective Services disposition of Reason to Believe for sexual abuse or physical abuse will not be accepted as a volunteer or board member. Any other dispositions will be evaluated on a case-by-case basis and a decision made by the executive director. Each volunteer, intern and board member will be re-checked every two years for Criminal history, on the child abuse registry, and the sex offender registry.
5. Volunteers who will be driving their own vehicles for Children's Safe Harbor activities must provide proof of current automobile liability insurance and a current driver's license.
6. Volunteers must complete initial orientation/training and will be trained on each task that is assigned to them.
7. Volunteers must log activities and hours served on the volunteer time sheet. Time sheets are to be completed by the volunteer at the end of each time of service and must be signed at the end of each month.



Montgomery County Children's Advocacy Center, Inc.
Children's Safe Harbor
Volunteer Program
Confidential Prospective Volunteer Profile and Background Check
Authorization

Date of Application: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail Address: _____

Preferred method of communication: Phone Mail

Date of Birth: _____

Emergency Contact: In case of an emergency while at Children's Safe Harbor, please notify:

Name: _____ Relationship: _____

Phone: (primary) _____ (secondary) _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Status: Check all that apply

- | | | |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired | |

Employer: _____

Title: _____

Education: Currently enrolled or past education

Highest Degree Earned: _____

School Name: _____

Area(s) of Study: _____

Languages Spoken:

- English Spanish Other: _____

How did you hear about Children's Safe Harbor? _____

Are you volunteering for:

- Class Credit Organization Credit Internship other

Please explain: (Provide instructor information, Organization name, type of internship, internship requirements)

Volunteer Experience:

Organization	Date of participation	Responsibilities /Projects
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other current community activities and memberships in any clubs, churches and other organizations.

Briefly describe why you would like to participate in our volunteer program and what you hope to gain by participating in this program? _____

We are looking for volunteers who can commit to a minimum of 16 hours each month for a minimum of 6 months, and attend 3 in house trainings every year. Can you make that time commitment? _____

Have you ever been a victim of abuse? _____
Have you or a family member ever been a client at Children's Safe Harbor? _____
If yes, when? _____

List 3 References:

- Please provide complete mailing address or email address where reference questionnaire can be sent.
- List three (3) non-relatives that know you well and can attest to your skills and dependability.

Reference #1

Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ E-mail Address: _____
Relationship: _____ How long have you know this person? _____

Reference #2

Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ E-mail Address: _____
Relationship: _____ How long have you know this person? _____

Reference #3

Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ E-mail Address: _____

Relationship: _____ How long have you know this person? _____

Area(s) of Skills and Interest (Please check all that apply)

Direct Service: Volunteer weekly on site at Children’s Safe Harbor. Volunteers are providing direct services to our clients.

- Playroom Support - Assist staff members in supervising the playroom and creating a comfortable and safe environment for children as they await services at CSH - Maintain play area
- Family Greeter - Assist staff members in welcoming and greeting children and their families during their visit
- Front Desk Support - Support and assist front desk staff with daily front desk duties and assist with general office duties
- Administrative Support for all departments - Support and assist all staff in general office duties such as filing, copying, etc.
- Front Desk Administrative Support - Assist staff in checking clients in, answering phones, general front desk duties; Counseling Support - Assist the counseling team with their playrooms and weekly session preparation
- Provide support in our satellite offices - Huntsville, Magnolia, and Coldspring

Indirect Services: Provision of skills/work to help Children’s Safe Harbor perform are typically behind the scenes. This is a great opportunity for individuals who are not able to come weekly to Children’s Safe Harbor.

- Hospitality - Provide refreshments for bi-weekly case review meetings - Great project for a church group, community group
- Team Adoption Program - Provide care and support to the teams who directly serve the victims of abuse - These teams may include, but not limited to, Law Enforcement, CPS, District Attorney’s office, and Medical personnel -This is great for groups of any size and can be done by bringing in snacks, notes of encouragement, etc.
- Seasonal Assistance Drives - Participate in back-to-school, Thanksgiving, and holiday season drives to help families impacted by child abuse. Consider hosting a drive at your church, community group, or neighborhood to collect items needed for these programs
- Handyman/Facilities Care - Assist in maintaining the grounds and facility - Minor maintenance and repairs to the facility
- Seasonal Decorating - Decorate lobby and designated areas of the building to help clients feel welcome
- Newsletter Support - Assist staff in creating CSH quarterly newsletter

List any other areas of interest/skills you would like to use as a Children’s Safe Harbor Volunteer?

Availability

How often would you like to volunteer?

Direct Services

- Once a week
- More than once a week

Indirect Services

- On-Call
- Special Projects
- Other: _____

Please check times you **are** available:

Mornings (8:30am-12:00pm) Afternoons (1:00pm-5:00pm) Evenings (5:00pm-7:00pm)

- | | | |
|--|--|--|
| <input type="checkbox"/> Monday Morning | <input type="checkbox"/> Monday Afternoon | |
| <input type="checkbox"/> Tuesday Morning | <input type="checkbox"/> Tuesday Afternoon | <input type="checkbox"/> Tuesday Evening |
| <input type="checkbox"/> Wednesday Morning | <input type="checkbox"/> Wednesday Afternoon | <input type="checkbox"/> Wednesday Evening |
| <input type="checkbox"/> Thursday Morning | <input type="checkbox"/> Thursday Afternoon | <input type="checkbox"/> Thursday Evening |
| <input type="checkbox"/> Friday Morning | <input type="checkbox"/> Friday Afternoon | |

Notes on Availability: _____

I give Children’s Safe Harbor permission to take pictures of me while I am volunteering and to use these pictures on the Children’s Safe Harbor website, newsletter, and/or bulletin board.

Signature

Date

Montgomery County Children's Advocacy Center, Inc.
Children's Safe Harbor

Emergency Notification
Pledge of Confidentiality &
Background Check Authorizations

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail Address: _____

Emergency Notification

In case of an emergency while at Children's Safe Harbor, please notify:

Name: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Address: _____ City: _____ State: _____ Zip: _____