



CHILDREN'S SAFE HARBOR
A CHILDREN'S ADVOCACY CENTER
Volunteer/Internship Program

Thank you for your interest in joining the volunteer/intern 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
- Pledge of Confidentiality
- Background Check Authorization Form

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

Mary-Katherine Workman
Volunteer Coordinator,
marykatherine.workman@childrenssafeharbor.org
936-283-5832
1519 Oddfellow Street Conroe, TX 77301

VOLUNTEER & INTERN 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).
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 and interns 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 and interns must complete initial orientation/training and will be trained on each task that is assigned to them.
7. Volunteers and interns must log activities and hours served on their time sheet. Time sheets are to be completed by the volunteer/intern 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/Intern 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

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

- Special Projects
- Other:

Please check times you **are** available:

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

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

FELONY AND MISDEMEANOR CONVICTION INFORMATION

The Montgomery County Children's Advocacy Center, Inc. dba/Children's Safe Harbor (CSH) must perform criminal background checks on our volunteers, interns and board members. Prior to being accepted, applicants for volunteering to provide direct services to clients, interns and board members, must have successfully passed a full screening and background check, which includes criminal history check, child abuse history check, sex offender registry check, reference checks. 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, intern 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 and board member will be re-checked every two years for Criminal history, child abuse registry, and sex offender registry.

1. I have have not been convicted of a felony or misdemeanor. If your answer is affirmative, give details, including date, place, nature of conviction, and disposition.

2. I am am not currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor. If your answer is affirmative, please give details, including the type of charges.

3. I have have not ever been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children. If your answer is affirmative, please give details, including the date and name of the organization and address.

4. I have have not ever been reassigned, removed or asked to leave any position involving contact with children. If your answer is affirmative, please give details, including the date, name of organization and address.

I have read this form and understand the information provided may be verified by Children's Safe Harbor and will remain confidential.

Signature: _____ Date: _____

**MONTGOMERY COUNTY CHILDREN'S ADVOCACY CENTER
CHILDREN'S SAFE HARBOR**

PLEDGE OF CONFIDENTIALITY AND CONSENT TO PERFORM BACKGROUND CHECKS

Please read and sign this pledge of confidentiality and consent form authorizing Children's Safe Harbor to perform background checks.

The clients or work you may be exposed to while at Children's Safe Harbor is considered strictly confidential. Confidential information includes information about a client's identity, his/her seeking services of CSH, as well as any personal information which may be disclosed. Additionally, you may see a client at CSH who is a relative or family friend of yours or your children. If this should occur, advise a staff member or supervisor to ensure procedures are followed to prevent conflict of interest and keep all parties from embarrassment or discomfort. If you recognize a client of CSH when not on campus, do not engage contact or conversation with them.

I agree to maintain strict confidentiality of all information pertaining to cases coordinated at Children's Safe Harbor. To maintain confidentiality means that I will not discuss any case with a spouse, children, friends or relatives, or any Children's Safe Harbor staff member or MDT member who is not directly involved in the case.

I promise to hold in confidence all information relating to clients, volunteers, and staff at Children's Safe Harbor. I will not remove any written or recorded information or client related records from the offices at Children's Safe Harbor without expressed permission from the Executive Director or designated staff member.

I fully understand that failure to comply with Children's Safe Harbor's Confidentiality Policy shall result in termination of my relationship with Children's Safe Harbor. This agreement is entered into for the purpose of protecting the children and families who are served at Children's Safe Harbor.

I hereby give my permission for Children's Safe Harbor to obtain information related to my criminal history record, child abuse history and sex offender registry. The criminal history record, as received from Texas Department of Public Safety and its reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer or employment position. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify Montgomery County Children's Advocacy Center, Inc. dba/ Children's Safe Harbor and each of their officers, directors, board members, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, cost, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee.

Signature: _____

Date: _____

**CONFIDENTIAL CONSENT FOR DPS CRIMINAL BACKGROUND CHECK, THE DEPARTMENT
OF FAMILY AND PROTECTIVE SERVICES
CHILD ABUSE/NEGLECT CENTRAL REGISTRY CHECK AND SEX OFFENDER REGISTRY
CHECK**

The following information is requested exclusively for the purpose of conducting the necessary background checks and shall remain confidential.

Typically, DFPS provides the background check results within 30- 40 days of receipt.
If you have questions, email: TXAbuseNeglectBGC@dfps.state.tx.us.

REQUIRED IDENTIFYING INFORMATION ON SUBJECT - The SUBJECT must provide all of this information in order for a check to be made:

| | | | | | |
|---|---------------|--|---|--|------------------|
| First Name | | Middle Name (no initials) | Last Name | | |
| Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed) | | | | | |
| Current Mailing Address | | | City | County | State / Zip Code |
| Telephone # | Date of Birth | Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female | | SSN Driver's License # / State Issued | |
| Race (check all applicable) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Nat Hawaiian/Pacific <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine | | | Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine | | |
| List other places you have resided in Texas (continue on back as needed) | | | | | |

This section of the form must be signed by the subject of the background check.

- I am the person listed above in this form. The information in this document is correct. I understand that providing false information is a violation of Texas Penal Code §37.10.
- I grant permission for the results of my cleared Child Abuse/Neglect Central Registry check to be transmitted to the Montgomery County Children's Advocacy Center, Inc., DBA, Children's Safe Harbor.
- I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.

Signature of Subject _____

Print Name: _____ **Date Signed** _____

DFPS values your privacy. For more information, read our privacy policy.
(<http://www.dfps.state.tx.us/policies/privacy.asp>)