



Volunteer Application

Name: _____ Today's Date ____/____/____

Address: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Employer/School: _____

If under 18 years of age, please list Parent or Legal Guardian's name and daytime and evening phone numbers. Name _____

Daytime Phone(____) _____ Evening Phone (____) _____

Emergency Contact _____ Phone (____) _____

Please circle the best way to contact you weekdays, from 9am-4:30pm:
 Work Home E-mail Cell Other _____

Past and Current Volunteer Involvement.

What work/volunteer experience do you have working with the homeless? _____

Why did you choose to apply with FFH over other volunteer opportunities? _____

When can you volunteer (please note time of day)?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

Earliest Starting Date _____

Are you bilingual? Yes No

If yes, what language _____ Speak Read Write



How did you hear about volunteering with our program?

Contacted FFH Office Volunteer Center IHN
 Phone Book Internet Newspaper
 Another volunteer Church-Name _____
 Other _____

Are you volunteering for class credit, court mandate, or other requirements? Yes No
If yes, please explain the length and type of requirement _____

Have you ever been convicted of a crime besides a minor traffic violation? Yes No
If yes, please explain _____

Current auto liability insurance carrier: _____

Do you have a current and valid driver's license? Yes No

Provide your driver's license number: _____ State issued _____

List all restrictions on your driver's license: _____

List all traffic offenses and citations you have received during the preceding 10 years, excluding only parking tickets. Explain circumstances and disposition.

Has your driver's license been revoked, suspended or restricted during the preceding 10 years? If yes, please provide details:

Please include three references:

1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____
3. Name: _____ Phone: _____
Relationship: _____

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Signature of Volunteer Date Signature of Parent or Legal Guardian if under 18 Date

If you have any questions, please feel free to contact the Volunteer Coordinator at 453-6570 or email info@foundationhomeless.org

Foundation for the Homeless
Volunteer Skill Inventory
**Please check all that you are
Willing to assist with**

- Accounting
- Artistic
- Bilingual
- Career Building
- Carpentry
- Case Management
- Child Care
- Cleaning
- Computer Repair
- Computer Programming
- Copy Machine Operation
- Crisis Intervention
- Data Entry
- Decorating
- Dynamics of DV/SA
- Electrical
- Evaluation/Analysis
- Event Planning
- Facilitating Support Groups
- Filing
- Fundraising
- Gardening
- Grant Writing
- Graphic Design
- Hair Stylist
- Heavy Lifting
- Home Repair
- House Painting
- Influential Community Contacts
- Journalism
- Landscaping
- Legal Advice

- Library Science
- Licensed Counselor
- Listening
- Marketing
- Mentoring
- Microsoft Access
- Microsoft Excel
- Microsoft Publisher
- Microsoft Word
- Microsoft PowerPoint
- Networking
- Organizing
- Parenting
- Phone Skills
- Photography
- Peer Counseling
- Public Service Announcements
- Public Speaking
- Research
- Resume Development
- Sewing/Alterations
- Sorting Donations
- Special Event Planning
- Teaching
- Technical Writing
- Transport Furniture
- Transportation
- Training
- Tutoring
- Typing
- Volunteer Management
- Web Development

List other skills that you would like to use as an FFH Volunteer



PLEASE PRINT

Full Name _____ **Maiden Name** _____
(required) (or middle-REQUIRED)

Mailing Address _____

Phone # _____ **E-mail** _____

Date of Birth _____ **Congregation** _____

States lived in: _____

CONSENT TO CONDUCT CRIMINAL HISTORY

To help to ensure the safety of our residents, volunteers and staff, Foundation for the Homeless conducts criminal background checks on all adult individuals applying for our shelter programs. Results of the criminal history check could affect eligibility as an FFH volunteer.

I _____ understand that as a Volunteer with Foundation for the Homeless, a criminal history check will be run. I understand that the results of this criminal history check could affect my eligibility for Foundation for the Homeless programs. I also understand that if my volunteer activities involve driving FFH clients or FFH vehicles, I will be asked to provide a copy of my Motor Vehicle Record (MVR) and a copy of my automobile liability insurance ID card.

Applicants Signature

Date

Date of Birth

Witness (signature)

Witness (printed name)

Date

www.foundationhomeless.org

P. O. Box 28006 ~ Austin, TX 78755 ~ 512.453-6570 ~ FAX 512.453.6732



Volunteer Code of Conduct

As a volunteer for the Foundation for the Homeless (FFH), your primary goal is to provide appropriate services and support for homeless persons, families and their children who are participants of FFH. In doing so, a volunteer must observe and comply with the Code of Conduct set forth in this document. If a situation is questionable, consult a staff member of Foundation for the Homeless. Any violation of this code is grounds for termination.

1. *A volunteer shall treat all participants*, volunteers, staff members and representatives from collaborating agencies with respect, courtesy, fairness and good faith.*
2. *A volunteer shall safe guard the participant's right to confidentiality within the limits of the law.*
3. *A volunteer shall discuss any suspicion of child abuse with staff immediately.*
4. *A volunteer shall demonstrate non-discrimination among all persons served, and among the employees, volunteers, and others involved with the program.*
5. *A volunteer shall respect the interfaith nature of the program and refrain from proselytizing (to proselytize: to induce someone to convert to one's own religious faith).*
6. *A volunteer shall report all conflicts with program participants to staff immediately and work with staff on resolving conflicts.*
7. *A volunteer shall report any personal complaint or grievances, and any program complaints or grievances reported to him/her, through the grievances process.*
8. *A volunteer shall refrain from providing services while impaired owing to the volunteer's physical and mental health due to use of medication, drugs or alcohol.*
9. *A volunteer shall refrain from secluding himself or herself alone with a participant or a participant's child by remaining in sight of other participants, volunteers, or staff of FFH.*
10. *A volunteer shall obtain parental consent for each child they wish to take off site. Participants may be asked to sign documentation confirming they are releasing their children to a volunteer.*
11. *A volunteer shall refrain from providing personal information (i.e. phone number & address) to a participant. A volunteer will inform a staff member of FFH with any exceptional circumstance.*
12. *A volunteer shall respect the participant's and their own roles with FFH and refrain from establishing romantic relationships while participants are in the program (IHN specifically).*

* The term *participant* refers to all persons and their children currently engaging in a program of Foundation for the Homeless.

Your signature below means that you understand and agree to abide by this Code of Conduct. You are also acknowledging that you have received a copy of this agreement.

Volunteer _____ Date _____

Staff _____ Date _____



**Foundation for the Homeless
Confidentiality Agreement**

I, _____, agree as follows in consideration of my assignment as a staff member, intern, volunteer, or a participant in any of the programs of the Foundation for the Homeless, Inc.

1. I acknowledge that I have been advised that all work or activities I am assigned may involve material and information of a highly sensitive and confidential nature.
2. I shall hold in trust all confidential and proprietary information acquired during my assignments or activities that relate to the client or clients and her/his children, and except as may be authorized by an adult client in writing; I shall not disclose or divulge to any person any such information.
3. I promise to hold all confidential and proprietary information relating to clients and the children of clients in trust and to maintain said confidentiality even after my association with the Foundation for the Homeless, Inc.

Signature _____

Printed Name _____ Date _____

www.foundationhomeless.org

P. O. Box 28006 ~ Austin, TX 78755 ~ 512.453-6570 ~ FAX 512.453.6732