



Bay Area Turning Point, Inc.

Community Service Volunteer Application

Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone:() _____ - _____

Pager or Cell: () _____ - _____ **E-mail** _____

COMMUNITY SERVICE INFORMATION

What was your offense? _____

Hours Required _____ Completion Date ____/____/____

Have you ever been ticketed, convicted or received deferred adjudication for any other crimes?

Yes No

If yes, please explain: _____

If you are completing community service for counties **other than Harris County**, please provide the contact information below:

County: _____ Other: _____

Contact Name: _____ Phone :() _____ - _____

Please check the process for reporting your volunteer hours:

- Statement of hours on agency letterhead (not applicable for Harris County)**
- Complete a certain form that I will provide**

EMPLOYMENT/EDUCATION INFORMATION

Employed Occupation: _____

Unemployed Student Retired Disabled Other

Education/Degree _____

If you are currently a client or have been within the last 6 months, you will not be able to volunteer at this time.

AVAILABILITY

When are you available to volunteer?

(enter times underneath each day of the week you are available; use N/A for days you are not available)

Sun	Mon	Tue	Wed	Thur	Fri	Sat

If you have more than 30 hours, you will be assigned to the Resale Shop to complete tasks such as cleaning and sorting donations.

If you have less than 30 hours, you will be assigned to work with the Volunteer Coordinator to complete various tasks such as cleaning, painting, sorting donations and restocking food.

Please list any special skills (computers, maintenance, etc.)

Describe any health related issues that may limit the type and amount of volunteer work you perform at B ATP.

Describe any accommodations that need to be made in order for you to volunteer.

List any languages, other than English, that you may read, write, or speak.

Please list three (3) personal references, who are not related to you but have known you for at least one (1) year. Please provide phone number and email for each individual listed (this will assist us in expediting your application). The references will be called or forms e-mailed.

1. _____

Name	Phone	E-mail Address
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2. _____

Name	Phone	E-mail Address
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3. _____

Name	Phone	E-mail Address
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EMERGENCY INFORMATION

In the event of an emergency while volunteering at B ATP, whom should we contact?

Name: _____ Relationship: _____

Day Phone: () _____ Evening Phone: () _____

Name: _____ Relationship: _____

Day Phone: () _____ Evening Phone: () _____

BAY AREA TURNING POINT
Volunteer Agreement

This agreement is entered into on the day of _____ and the month of _____ 20____, between _____ and Bay Area Turning Point (BATP).

CONFIDENTIALITY: As a Bay Area Turning Point Volunteer, I understand:

- I may learn the identity of current or previous BATP clients and will not disclose any information regarding current/previous clients to anyone outside of BATP.
- I may learn the location of BATP's emergency shelter for victims of family violence and/or sexual assault. I also understand and agree that the location of the shelter is and will remain confidential and that disclosure of its location could endanger the lives of many people.
- I acknowledge that the information I learn at BATP concerning clients, staff, and volunteers is private and confidential both while volunteering at BATP and after leaving.
- I will respect the right to privacy for BATP's clients, staff, and volunteers. I understand that I cannot discuss or disclose any information regarding BATP clients, staff or volunteers except in the performance of my duties as a volunteer.
- I understand if client or volunteer information is requested by someone outside of BATP I am to respond with the statement, **"I cannot disclose any information regarding a BATP client or volunteer."** This includes whether or not a person is or has received services by BATP and whether or not an individual volunteers with BATP.
- I will only disclose client confidences if there are allegations of abuse toward a child, elderly or disabled individual – or if the client discloses any thoughts of homicide or suicide. We are obligated by law to report such occurrences appropriately.
- All paperwork, documentation, etc. is considered BATP property and is maintained by the agency for seven years.
- I understand I will be dismissed immediately for disclosure of any confidential information.

COMMITMENT: As a Bay Area Turning Point volunteer, I agree to the following:

- I will complete the number of hours agreed upon with the Volunteer Services Program.
- If my schedule changes, which may alter this commitment, I will notify my Volunteer Supervisor as soon as possible.
- I will use my best efforts to attend and actively participate in meetings and in-service training.
- I understand that I will complete all relevant training sessions.
- If I must terminate my volunteer activities, I will notify my Volunteer Supervisor two weeks (if possible) prior to the effective date.

RELEASE: In consideration of the opportunity to volunteer at Bay Area Turning Point, Inc., a Texas nonprofit corporation ("BATP") and the intangible benefits accruing to _____ (the "Volunteer"), I hereby release BATP and all of its directors, officers, employees, volunteers, contractors, and other agents (collectively "BATP's Agents") from any and all claims, demands, debts, damages liabilities, obligations, costs, expenses, liens, attorney's fees, actions, and/or causes of action, including without limitation of any negligence, for personal injuries (including without limitation death and disability) and property damage (collectively the "Claims") attributable to BATP and/or BATP's Agents which the Volunteer had, has or may have, whenever arising from the Volunteer's service to BATP.

The Volunteer represents and warrants that (i) the Volunteer has the authority to enter into this Agreement and to bind the Volunteer and his/her respective heirs, representatives, successors, and assigns; (ii) the Volunteer has had the opportunity to have this *Release* reviewed by the attorney of the Volunteer's choice and has fully informed himself/herself of the terms of this *Release* prior to executing this *Release* (iii) the Volunteer has relied solely and completely on his/her own judgment and the advice of his/her attorney in entering into this Agreement; (iv) the Volunteer has not assigned, pledged, sold, or transferred, either by

instrument in writing or otherwise, any right, title, and/or interest in the Claims; (v) B ATP has not made any promise or representation of any kind to him/her, except as expressly stated in this *Release*; and (vi) the Volunteer understand that this is a full, complete and final disposition of all Claims. The Volunteer acknowledges that B ATP does not maintain any insurance coverage from which the Volunteer might benefit if any of the Claims arise.

PROFESSIONALISM: As a volunteer, I realize that certain standards of professional conduct apply to my performance at B ATP and that professional ethics apply to the work performed.

As a B ATP volunteer, I agree to the following:

- I will perform my responsibilities to the best of my ability and in accordance with the standards discussed with me by my Volunteer Supervisor or the Volunteer Services Program.
- I will discuss any questions and concerns that I may have with my Volunteer Supervisor, not other staff members or volunteers.
- I understand that the Shelter is the client's home and when on the premises I will conduct myself accordingly.
- I will respect all B ATP clients, employees and volunteers; their feelings, their needs, and their individuality.
- I recognize that it is inappropriate for volunteers to develop a personal relationship with any client of B ATP.
- I recognize that is inappropriate to develop an unprofessional or intimate/dating relationship with any B ATP staff member.
- I understand that if in the course of volunteering at B ATP, I encounter someone with whom I have previously had a personal relationship of any nature, I must immediately notify my Volunteer Supervisor prior to assisting the individual.
- I agree to be non-judgmental in dealing with clients and if I cannot be non-judgmental, I will discuss the concerns with my Volunteer Supervisor.
- Non-compliance with any of the above statements may be grounds for dismissal.

TERMINATION: The activities listed below constitute a breach of professional guidelines and are grounds for possible termination as a volunteer.

- Disclosure of any confidential information.
- Lack of adherence to B ATP's professional code of conduct.
- Giving out home or cell phone numbers of any volunteer, staff, or client.
- Meeting a client in person outside of your role as a B ATP volunteer.
- Developing an unprofessional or intimate/dating relationship with B ATP clients or staff members.
- Encouraging dependency, repeat callers, etc.
- Failure to abide by your Volunteer Job Description, Volunteer Regulations or Volunteer Agreement.
- Using drugs and/or alcohol on duty or on call. Or reporting to work under the influence.
- Carrying weapons i.e., guns, knives, bombs, etc. on B ATP property or while on Agency business.
- Demonstrating disrespect of the feelings, views, and actions of clients, volunteers, or staff and using inappropriate channels to express opinions on these matters.
- Giving out specific referrals for resources that are not included in B ATP's referral system.
- Using B ATP as a means to recruit or gain customers for your own professional business or company.

Volunteer Signature

Parent Signature (if under 18)

Staff Signature

Date