

Application Cover Sheet

PLEASE CAREFULLY READ THE FOLLOWING

EQUAL OPPORTUNITY EMPLOYMENT: Bay Area Turning Point, Inc. values diversity in the workplace; men and women of all ages, cultural and ethnic backgrounds, religious and political affiliations, national origins and persons with disabilities are encouraged to apply.

TO APPLY: Attend Volunteer Orientation and complete Bay Area Turning Point's Volunteer Application, agreeing to undergo a character reference check along with a criminal background check for a non-refundable fee of \$10.00, payable to Bay Area Turning Point. I understand that I must complete a criminal background application online through Verified Volunteers. I also understand the application process with BATP may take up to a minimum of two weeks.

CERTIFICATION AND AUTHORIZATION: I hereby certify the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose material misrepresentations, omissions or falsifications, my application may be rejected, or if I have been accepted into service with this agency, all of my volunteer rights and privileges may be immediately terminated. My signature on this application coversheet indicates that I have or will read the Volunteer Agreement.

I authorize the investigation of all these statements contained herein, and direct the custodian of any record relevant to the confirmation of these statements to release such information as necessary for verification. I release any individual institution, business or organization from any liability for claims, which might arise from the release of pertinent information.

I have read, or have been read the statements above and by my signature, I agree to these provisions.

Applicant Signature

Date: _____

Printed Name

Parent Signature (for minors)

The following information is not required, but it would help BATP when applying for certain grants.

OPTIONAL:

SEX: Female Male

ETHNICITY: Caucasian African-American Hispanic Asian Native American Other

VOLUNTEER APPLICATION

Please Print All Information

Name: _____ Date: _____

Home Address: _____
Street City State Zip

Telephone: _____
Daytime Evening Cell phone

E-mail address: _____

Employer: _____

Occupation/Title: _____

Level of Education: less than High School High School College Graduate School Business/Tech

University/College: _____ Area of Study: _____

Do you have any friends or family members who volunteer or work at BATP? yes no

If yes, please list their name(s)? Name(s): _____

Does your company offer a matching fund or company contribution for your volunteer service? yes no

If yes, who is the contact person? Name: _____ Phone: _____

Are you a member of any church, religious, or civic organization? yes no

If so, which one? _____

Are you volunteering to fulfill a class requirement? yes no

If yes, how many hours are you required to complete? _____

How do you want the hours reported? Letter Time Log Email

Contact Person: _____ Email Address: _____ Phone: _____

Are you a current or former client of BATP? yes no

If former client, how long ago did you receive our services? _____

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

How did you learn about our volunteer program? (Please circle all that apply)

Newspaper Television Radio School Church United Way Internet Volunteer Match

Volunteer Houston Google BATP Website BATP Facebook BATP Instagram BATP Twitter

BATP Presentation BATP Volunteer: _____ BATP Employee: _____

Other: _____

When are you available to volunteer? *(Please list specific times next to the day of the week in which you are available.)*

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

What volunteer positions are you interested in? *(Please indicate all that apply.)*

Self Reliance	Residential (Shelter)	Education & Outreach	Miscellaneous
<input type="checkbox"/> Hotline Services	<input type="checkbox"/> Childcare Aide	<input type="checkbox"/> Violence Prevention Committee	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Clerical-Reception	<input type="checkbox"/> Childcare Tutor	<input type="checkbox"/> Special Events & Fundraisers	<input type="checkbox"/> Lawn Care
<input type="checkbox"/> Internship	<input type="checkbox"/> Food Pantry		<input type="checkbox"/> Janitorial (cleaning)
	<input type="checkbox"/> Women's Activities		<input type="checkbox"/> Resale Shop

Are you able to make a six (6) month commitment? yes no

What would you like to do in your volunteer position(s):

Please list any special skills you have:

What languages do you speak? English Spanish Other _____

What languages do you read and/or write? English Spanish Other _____

Please list three (3) personal references who are not related to you, and have known you for at least one (1) year. Please provide an email address and phone number(s) for each individual listed. Your reference will be called or emailed.

1. _____

Name	Email Address	Telephone Number
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2. _____

Name	Email Address	Telephone Number
------	---------------	------------------
3. _____

Name	Email Address	Telephone Number
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Emergency Contact:

Name	Telephone Number	Relationship to you
_____	_____	_____
Name	Telephone Number	Relationship to you
_____	_____	_____

INFORMATION YOU SHOULD KNOW:

- You understand that BATP will conduct a criminal background check and that by signing this application you give us permission to complete this part of the volunteer screening process.
- You understand that BATP will contact your references, so please make them aware.

Signature

Date

Volunteer Interview Questions

Name: _____

Date: _____

1. Please briefly describe the reason why you would like to volunteer at BATP and what you are hoping to gain from your volunteer experience.
2. If your volunteer position requires you to listen to clients describe the details of their experience with family violence or sexual assault how would that make you feel?
3. If your volunteer position does not require you to work with clients directly, there is still a possibility of disclosure of abuse in our work environment. How would you handle disclosure of sexual assault or family violence from a client or other volunteer?
4. Have you ever had any experience with the issues BATP deals with, like sexual assault and family violence? If yes, where are you in the recovery process?
5. Your volunteer position will require you to work with people of different ethnic backgrounds, genders, religions, and political beliefs. Would you have a problem with this? If yes, are you still interested in volunteering?

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 department.
- 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