



FAMILY RESOURCES

Social Services · Advocacy · Family Restoration · Education

Date: _____

Family Resources Volunteer Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Do you have any limitations or health conditions others may need to be aware of? Yes No

Have you ever received or are currently receiving services from Family Resources? Yes No

If yes, which program? _____

Approximately when was the last date of services received? Month: _____ Year: _____

Education

High School: _____

College: _____

Major: _____

FOR OFFICE USE ONLY:

Application Received by: _____ Date: _____

Background check paid. Date: _____ Background check completed. Date: _____

\$15 Submitted to Accounting and Documented in File. Date: _____

Character References

Please list two professional references. We require satisfactory references for all of our volunteers. References can be supervisors, co-workers, teachers, clergy, or other person who has direct knowledge of your character or work experience - and has known you for one year or longer.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Current Employer

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

Additional Remarks

Please comment on previous volunteer experience, hobbies, interests, special skills, or additional information that will help us to assess your potential role as a volunteer for Family Resources.

What motivated you to volunteer at Family Resources?

How did you hear about this opportunity at Family Resources?

Preferred Family Resources Program

- Mental Health Services
- Education
- Group Foster Care
- Integrated Home Health
- SafePath Survivor Resources
- Braking Traffik
- Survivors of Homicide and Other Violent Crimes
- Engaging Males
- Fairmount Pines (after school program)

Internship Background Information

Status of Program: Undergraduate Degree Graduate Degree

Academic Program: Criminal Justice Counseling
Social Work Psychology Other: _____

Internship Start Date: _____ **End Date:** _____

Total Hours Needed: _____ **Hours per Week:** _____

Family Resources Supervisor requirements to supervise you: _____

Academic Supervising Professor Information

Name: _____ Phone: _____

Email: _____

Mailing
Address: _____

Do you expect any scheduling conflicts? Yes No

If yes, please describe: _____

What do you hope to achieve in your internship experience?

How do you think your current skill set will benefit your preferred program?

Please briefly describe any previous or current experience in your preferred program.

Briefly summarize your Internship Focus

Non-Disclosure Statement for Volunteers

The Services provided by Family Resources, involve highly personal and sensitive matters which are both legally and ethically held to a high standard of confidentiality. As a volunteer of Family Resources you will inevitably come into contact with our work, our clients, and client information. The level and intensity of this contact, of course, depends upon your role, but no matter what that is, some connection is inevitable. It is therefore extremely important to understand that any and all information concerning any person or family being served, their situation, their identity, or services being provided are highly privileged and confidential.

The need for confidentiality also extends to "proprietary information". By this we mean any unauthorized disclosure of information concerning business operations, staff and staff issues, or donors and their contributions. While as an agency we should, and do, adopt a philosophy of transparency, privacy and proprietary rights of those involved and the agency requires that any such information be made available only as allowed by law and controlled by agency leadership.

To help clarify the implication of this policy, we offer the following non-exclusive examples of situations that must be avoided:

- Discussing any client or their case or situation with anyone, including family or friends, outside of Family Resources, whether or not the client is identified. This does not prevent you from being an "ambassador" by talking about the general type of work we do or describing a "typical" case.
- Discussing any client or case inside of Family Resources unless the discussion is necessary or appropriate in relation to the service being provided.
- Discussing staff, staff performance, or staff compensation with anyone unless it is appropriately part of the work to which you have been assigned.
- Mentioning the name and/or amount of contribution of any donor in a purely social setting.
- Encountering a person or family being served with whom you are acquainted without assuring them that you will hold them and their information in the strictest confidence.

By my signature to this document I acknowledge that I have read it, that any questions I have about it have been answered, and that I understand and agree to abide by the confidentiality provisions outlined. I understand that there are legal and ethical requirements of me to protect confidential information, agree to abide by them, and further recognize that failure to observe them may result in disciplinary action.

Signature: _____ Date: _____

Acknowledgement

As a volunteer at Family Resources:

1. I will be punctual and conscientious in the fulfillment of my responsibilities and if for any reason I cannot serve at the assigned time, I will notify the Volunteer Coordinator in a timely fashion.
2. I will consider all information concerning clients, acquired directly or indirectly, as highly CONFIDENTIAL.
3. I will take any problems, criticisms, or suggestions to the Volunteer Coordinator.
4. I will uphold the standards, values, and policies of Family Resources.
5. I certify that the facts and information provided by me on this application are true and complete. I agree that, if selected to volunteer, incorrect, incomplete or falsified information will be grounds for discontinuing my relationship with Family Resources regardless of when discovered.
6. I authorize Family Resources to investigate all statements made herein or in my interviews and to obtain conviction records, make volunteer reference checks and obtain any other information relevant to my ability to volunteer. I release Family Resources and all parties from any and all liability for any damages that may result from obtaining or furnishing such information.
7. I agree to observe all present and subsequently issued volunteer policies and procedures. I understand that such policies and procedures do not constitute a contract of volunteering between me and Family Resources, and that Family Resources may revise its policies and procedures at any time.
8. I understand that Family Resources maintains an alcohol-free and drug-free workplace as required by the Drug-Free Workplace Act of 1988. I understand that the unlawful manufacture, distribution, sale, possession, or use of a controlled substance or illegal drugs by Family Resources volunteers is prohibited on Family Resources time and in and on Family Resources owned or controlled property.
9. I understand that the Volunteer Coordinator is not obligated to provide a placement, nor am I obligated to accept the position offered.

Signature: _____ Date: _____



FAMILY RESOURCES

Social Services · Advocacy · Family Restoration · Education

Family Resources Volunteer Grievance Policy & Procedure

It is the policy of Family Resources, Inc. that all volunteers, at the time of acceptance into the Volunteer Program, are made aware of the Agency's "Volunteer Grievance Policy." In the event that any volunteer of the program believes that treatment is unfair or unsatisfactory, a request for review may be made to the Volunteer Coordinator.

If this is not possible or does not resolve the issue, the volunteer may request review of the matter by the appropriate supervisor of the Family Resources Program.

It is hoped by all parties that the matter can be resolved informally. However, if the matter is not resolved to the volunteer's satisfaction at this step, the volunteer may express the grievance in writing and submit the written grievance to the Director of the appropriate program or the equivalent thereof.

The Director of the program has ten (10) working days from the receipt of the written grievance, to issue a written determination of the matter. If the determination issued by the Director is unacceptable to the volunteer, the volunteer may elect to continue the process of appeal to the level of the Program Office, President, and ultimately the Executive Committee of the Agency Board of Directors.

I hereby acknowledge that I have received a copy of the "Volunteer Grievance Policy" and that I have read and understand it.

Volunteer Name (print) _____

Volunteer Signature _____ Date _____

Volunteer Coordinator Signature _____ Date _____

**Volunteer applicant keeps a copy of unsigned Grievance Policy & Procedure*



NOTIFICATION OF BACKGROUND INFORMATION REQUIREMENTS

You have applied for consideration for employment with one of the entities of the Four Oaks Enterprise—Four Oaks, **Family Resources**, Jane Boyd, or the Affordable Housing Network. The mission and work of each of these entities requires a thorough review of the qualifications and fitness of prospective employees. Specific requirements of that review are imposed variously by law, regulation, contract, or accreditation and licensing standards. This review may include without limitation any or all of the following:

- ✓ Documentation of educational achievement.
- ✓ Any history of criminal law violation.
- ✓ Any history of founded child or dependent adult abuse.
- ✓ Verification of previous employment and reference checks.
- ✓ Driving record as applicable.
- ✓ Verification of licensing status.
- ✓ Other relevant information as required by specific service.

By signature to this document and the authorizations below, you are acknowledging that you have been advised of these requirements.

BACKGROUND CHECK AUTHORIZATION AND RELEASE

This release constitutes my consent and authority to Four Oaks and any of the entities of the Four Oaks Enterprise to which I have applied for employment to examine and obtain copies, abstracts of records, or receive statements and information regarding my background. Specifically, I hereby authorize the release of information and records to a duly authorized representative of Four Oaks or the entity to which I have applied for employment information relative to any of the matters identified in the previous section.

I further authorize the custodian of records and other sources of information pertaining to me to release the information on request. I authorize the release of this information regardless of any previous agreement to the contrary. I understand that the information released is for use only for the purpose of employment and may be re disclosed only as authorized by regulation or law.



I further release Four Oaks and the entity to which I am applying for employment as well as the persons, individuals, or entities providing information from any and all claims, costs, damages, injury or other liability which may arise or be made as a result of obtaining or providing said information.

This authorization shall remain in effect throughout my employment, if selected for employment.

Various statutory, regulatory, and accreditation standards require a determination concerning a past history of criminal conviction or founded child or dependent adult abuse. As a volunteer or staff person of Four Oaks, or one of the entities of the Four Oaks Enterprise, I will be subject to that requirement. In accordance with those standards, Four Oaks Enterprise will also do a search on the Sex Offenders Registry. In order to be considered for a position, I am required to disclose past convictions or deferred judgments in connection with a guilty plea to any crime or founded child or dependent adult abuse or neglect.

If I am offered a position with this agency and such act has occurred, I understand that I will need to request and be granted an authorization to participate from the Department of Human Services. I further understand that falsification of this information is grounds for dismissal and I must advise the agency of any convictions while affiliated with Four Oaks or any of its entities.

I HAVE READ THE FOREGOING AND BY SIGNATURE HERETO AGREE WITHOUT RESERVATION:

SIGNATURE

DATE

