



Name: \_\_\_\_\_ Volunteer Start Date: \_\_\_\_\_

### VOLUNTEER REQUIREMENTS

- Application
- 3 letters of reference
- Verification of education if applicable to position
- Documentation of prior experience
- Health screening (*Individual responsible for this coverage*)
- Agreement between the volunteer and the agency regarding expectations
- Valid driver's license
- DMV check if transporting children (same as MVR check)
- Proof of vehicle insurance and medical liability if transporting children
- Court record checks
- Five State Registry checks:
  - TN Felony Offender Registry
  - Methamphetamine Offender Registry TN
  - Sexual Offender Registry National
  - Sexual Offender Registry
  - TN Department of Health Vulnerable Persons (Abuse)
- DCS background check (Child & Protective Services)
- Fingerprint background check
- Annual evaluation and recommendations
- TBI/FBI - \$48
- MVR - \$7
- Criminal Background – varies according to number of counties you have lived in during last 5 years—usually between \$22 - \$75

### Cost of Volunteer Screening

- Physical (\$65) Drug screen (\$42) Or the cost at which your physician charges

### Covering These Costs

- Holston Home for Children is a non-profit agency relying on giving from others to continue to provide services to the youth. With this understanding, we ask that volunteers help cover the cost of the screening charges. We will cover the background check, TBI/FBI, and MVR check as an agency. **\*\*\*However, the physical/drug screen must be covered by the individual and if ANY NEGATIVE information comes back, THEN Holston Home will ask the individual to cover the charges (MVR=\$7, Criminal Background=\$75, TBI/FBI=\$ 48).\*\*\***



**VOLUNTEER APPLICATION**

**Personal Information**

Full Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip

Phone  home  cell  work \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Spouses Work Phone \_\_\_\_\_

**Emergency Contact Information**

Full Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip

Phone  home  cell  work \_\_\_\_\_ Relationship \_\_\_\_\_

**Job Information**  
*(for internal use only)*

Staff Name \_\_\_\_\_  Work  Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Department \_\_\_\_\_

Work Location \_\_\_\_\_



## Volunteer Contract

Believing there is a real need for my services as a volunteer at Holston Home for Children, I will:

1. Make a conscientious effort in the fulfillment of my duties, and serve in a supportive capacity under the supervision of a designated staff person.
2. Conduct myself with tact, consideration and understanding.
3. Channel all problems or suggestions from the client or the public to the proper department through the Volunteer Coordinator.
4. Accept responsibility, and to be punctual and dependable.
5. Regard dress, manner and deportment as very important to my volunteer services. I understand that I will be setting an example for our children.
6. Observe the standards of Holston Home for Children and the volunteer organization I represent.
7. Acknowledge that I am a volunteer and as such am not entitled to workmen's compensation or a salary.
8. Consider all information concerning a client as strictly confidential! It is illegal and unethical to disclose information concerning clients and will be considered a breach of appropriate volunteer conduct and reason for discontinuation of volunteer service.

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Volunteer Signature

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Date

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Volunteer Coordinator

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Date



## Volunteer Confidentiality Agreement

1. I acknowledge and confirm that as a volunteer I may acquire information on the organization, its clients, staff and volunteers, and about certain matters and things which are of a confidential nature and that such information is the exclusive property of the organization and will remain in the strictest confidence.
2. I affirm that the information referred to above could be used to the detriment of the organization and the volunteer activities and thereby undertake to treat as confidential all information, contracts or resources. I agree not to disclose the same to any third party either during the term I am volunteering for the organization or at any time thereafter unless required by law to do so.
3. I agree that any knowledge gained as a result of my position will remain in strictest confidence.
4. I agree to exercise due care to ensure that any information I may give to others in the course of my duties as a volunteer or otherwise is information that is required to be given and is given to a party entitled to receive such information.
5. I agree I will not discuss the details of my volunteer work with any representatives of the media or publicize any of the confidential aspects of my work orally or by written work or any other medium of communication.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or as may be otherwise directed to me in writing by the volunteer coordinator as a volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date



### Volunteer Dress Code, Tobacco/Drug/Alcohol Policy

1. I acknowledge and confirm that as a volunteer I am required to dress in a manner that is appropriate for a Christian organization and as a model for the children of Holston Home for Children. This includes eliminating clothing that is revealing, has questionable graphics or language, or discriminates in any manner. While clothing should be appropriate for the activity I am engaged in, it should be appropriate according to Christian values.
2. I acknowledge and confirm that as a volunteer I am required not to use tobacco products on any agency property, in agency vehicles, around the children of Holston Home for Children, or on outings in which Holston Home for Children are present. Tobacco products may also not be given or shared with the children of Holston Home for Children.
3. I acknowledge and confirm that as a volunteer I am required not to use any illegal drugs, possess any illegal drugs while on agency property or share any illegal drugs with staff or children at any time in any place.
4. I acknowledge and confirm that as a volunteer I am required not to use any alcohol prior to coming to Holston Home for Children, while I am on the property of Holston Home for Children, or to possess any product containing alcohol while working in the capacity of my volunteer assignments or on agency property.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all regulations contained in this agreement or as may be otherwise directed to me in writing by the volunteer coordinator as a volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date



**Volunteer References**

Name of Volunteer \_\_\_\_\_

Identify three (3) personal references (do not list relatives)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

I understand it will be necessary for Holston Home for Children to check my character references. I hereby give my consent for this information exchange and authorize such persons to release any information requested by Holston Home for Children. I hereby release my references, Holston Home for Children, it's staff, and others from any liability or damages from having furnished any information regarding me.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date



## Acknowledgement of Appropriate Boundaries and Relationships with Youth

Examples of inappropriate contact/relationships with youth (but are NOT limited to) are:

- Sexual relationships
- Physical contact of a sexual nature
- Providing personal cell phone numbers to youth
- Text message communications
- Contact through MySpace, Facebook, or other public contacts
- Providing youth with prohibited items
- Contact with youth after normal working hours (excluding approved mentoring time or contact approved by the supervisor)
- Unapproved contact
- Contact/Communication with a youth done on behalf of another youth
- Providing youth with personal email accounts or home address
- Buying or selling contraband for/to a youth
- Taking a youth to your home without prior Director-level approval
- Maintaining contact with youth who have discharged without reporting it to your supervisor and ensuring that all necessary permissions have been granted
- Any questionable behavior or boundaries

By my signature below, I acknowledge my understanding of the information covered. I have had the opportunity to ask questions about appropriate boundaries and relationships with youth and understand it is Holston Home's policy that inappropriate contact, relationships or questionable boundaries with youth can result in immediate termination or other disciplinary action. I also understand that a report to Child Protective Services (CPS) may be made if I engage in inappropriate contact with youth.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator Signature

\_\_\_\_\_  
Date



### Name and Address Information

#### Name(s)

List all **current, maiden, and other previous legal names** (current Name should match driver’s license and SS Card):

Current Name \_\_\_\_\_  
Last First Middle

Maiden Name \_\_\_\_\_  
Last First

Previous Legal Name \_\_\_\_\_  
Last First

Previous Legal Name \_\_\_\_\_  
Last First

#### Address Information

List the last 5 addresses, along with “From” and “To” dates. If you lived at an address for more than 5 years, just list current address.

1. Address \_\_\_\_\_  
Street Address County  
\_\_\_\_\_  
City State Zip From To

2. Address \_\_\_\_\_  
Street Address County  
\_\_\_\_\_  
City State Zip From To

3. Address \_\_\_\_\_  
Street Address County  
\_\_\_\_\_  
City State Zip From To

4. Address \_\_\_\_\_  
Street Address County  
\_\_\_\_\_  
City State Zip From To

5. Address \_\_\_\_\_  
Street Address County  
\_\_\_\_\_  
City State Zip From To



Physical Form

(to be completed by Physician)

Name \_\_\_\_\_ Last First \_\_\_\_\_ DOB \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_ Street Address City State Zip

Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ (if applicable) Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ (if applicable) Phone \_\_\_\_\_

Please indicate Medical Alerts such as allergic reactions, contact lenses, etc. \_\_\_\_\_

Physical Exam

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Findings:  Normal  Abnormal (Initial)

- 1. Eyes 2. Ears, Nose, Throat 3. Mouth & Teeth 4. Neck 5. Cardiovascular 6. Chest & Lungs 7. Abdomen 8. Skin 9. Genitalia-Hernia (male) 10. Musculoskeletal: ROM, strength, etc. a. Neck b. Spine c. Shoulders d. Arms/Hands e. Hips f. Thighs g. Knees h. Ankles i. Feet 11. Neuromuscular

Participation Restrictions \_\_\_\_\_

Please Print/Stamp:

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

I certify that I have examined the above-named person and found him/her medically qualified to participate in volunteer activities at Holston Home for Children with the restrictions listed above. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



## Fingerprint Application

### APPLICANT NAME

prefix **first name \*** middle name last name \* suffix

*This field cannot be empty*

### APPLICANT ALIAS OR MAIDEN NAME

prefix first name middle name last name suffix

### HOME ADDRESS

number \* street name \*

country \* city \* state / territory \* zip code \*

### METHODS OF CONTACT

phone 1 \* phone 1 type \* phone 2 phone 2 type

email confirm email

### APPLICANT DEMOGRAPHIC DATA

date of birth \* gender \* height \* \* weight \* race \*

hair color \* eye color \* place of birth \* citizen country \*

social security number \* driver's license number driver's license state