



APPLICATION FOR VOLUNTEER SERVICE

Garth House, Mickey Mehaffy Children's Advocacy Program, Inc.

Name: _____ Phone: _____

Address: _____

Email: _____

Preferred Contact Method: Phone Text E-mail Mail

1. Why would you like to volunteer? _____

2. How did you learn about Garth House? _____

3. Organization represented (if applicable) _____

4. Are you presently employed? Yes No

If yes, name of employer and address: _____

5. Have you had any prior involvement with Child Protective Services? Yes No

If yes, please explain: _____

6. Have you been convicted of a felony which classified as an offense against a person or family, public indecency, or the Texas Controlled Substance Act in the last 10 years? Yes No

Have you ever been convicted of a misdemeanor against a person or family or public indecency? Yes No

Are you under indictment for, or has a district/county accepted an official complaint about offenses listed above? Yes No

7. List your skills, interests, community activities and hobbies:

8. Do you speak any language other than English? Yes No

If yes, please list: _____

9. Are you fluent in sign language? Yes No

10. Date you can start your volunteer work: _____

11. Please list three references (no relatives):

NAME	ADDRESS	DAYTIME TELEPHONE

12. In case of emergency, whom should we notify?

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Volunteer Confidentiality Agreement

I agree to conform with the policies and procedures of the Garth House. I have been informed of the Program's policy regarding confidentiality. I agree to respect the confidential nature of all case information such as the names of those utilizing the facilities and the names of the alleged perpetrators. I agree to participate in orientation and training. I understand that this volunteer relationship can be terminated at any time by myself or by the Garth House. I also understand that I am not an employee of Garth House. I understand that a background check is required of volunteers and agree to this check of my history.

Signature: _____ Date: _____

Approved by: _____

Date: _____

VOLUNTEER INTEREST SURVEY

To best meet your expectations and fully utilize the talents and time you wish to give to Garth House we need some information. Please complete this survey so that we can identify and match your interests with Garth House's needs.

I am interested in a long-term volunteer experience lasting over a period of months or years.

Yes

No

If yes, list any months that you are not available: _____

I am interested in a short-term volunteer experience with a defined beginning and ending date.

Yes

No

If yes, state beginning & end dates: _____

Garth House is open Monday – Friday. Working hours are from 8:00 a.m. to 5:00 p.m. Special Events and New Parent Hospital Education Presentations are also scheduled on Saturday and Sunday.

Check each day of the week that you are available to volunteer:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Check the time of the day that you are available to volunteer:

- Morning
- Afternoon
- Any time during the day
- Evening (after 5:00- for Volunteer Work Nights or special events)
- Other (specify): _____

I would like to volunteer _____ number of days each month.

Check any of the following talents, skills, abilities, interests that you would like to share or use during your volunteer experience (check all that apply):

- Computer use – Microsoft Word, Excel, Access - data input, typing letters
- Office Work -filing papers/shredding/copying/mail-outs/organization
- Receptionist duties – answer phone/doors, greeting families/entertain & watch children
- Writing article(s) / newsletter(s)
- Scrapbook archives of Garth House history
- Serving as a chairperson or on a planning committee for a fund-raising event
- Fundraising
- Grant Writing
- Decorating for Christmas or for a special event
- Setting up or cleaning up in conjunction with special events
- Public speaking
- Volunteer and/or board recruitment
- Public awareness events and/or booths
- Carpentry/wood working
- Electrical work
- Plumbing
- Handyman tasks
- Other: _____

The Garth House Prevention Program has a New Parent Hospital Education Program in which volunteers present preventative and educational information to new parents in area hospitals (St. Elizabeth, Baptist and SE Texas Medical Center). Volunteers of this program will be trained in the areas of Shaken Baby Syndrome, Sudden Infant Death Syndrome, Post-Partum Depression and the Baby Moses Law.

- Yes, I am interested in participating in this program.
- No, I am not interested in participating in this program.

Please list any physical limitations that would affect your ability to volunteer:
