

SCOTTY'S HOUSE VOLUNTEER APPLICATION

RETURN TO: SCOTTY'S HOUSE
502 SOUTH COULTER, BRYAN, TX 77803
(979) 775-4695 phone (979) 775-6050 fax
Website: www.scottyshouse.org

NAME _____ DATE OF APPLICATION _____
MAILING ADDRESS _____
HOME PHONE # _____ WORK PHONE # _____
E-MAIL ADDRESS _____

Scotty's House Child Advocacy Center has several opportunities for volunteers. All types of volunteers are needed to make services available to families in our community, and we value any skills you may have to help us improve the community we live in. Listed below are the major areas we need assistance, and most of them are flexible and allow for a wide range of time commitment, abilities, and level of involvement. Please check the areas of most interest to you.

- _____ PLAY/CHILDCARE VOLUNTEER Volunteers work directly with children and family members helping put them at ease before, during, and after the interview process and medical exam process.
- _____ THERAPIST ASSISTANT Volunteers assist therapist with various duties involving families and children receiving counseling services from the Center.
- _____ COMMUNITY OUTREACH Volunteers contribute time to the center by representing Scotty's House at health fairs and various related events distributing materials and answering questions about services.
- _____ SPEAKERS BUREAU Volunteers present materials to various civic groups on behalf of the Center in order to educate and inform the community about services available to them as well as how they can help.
- _____ OFFICE VOLUNTEER Volunteers provide much-needed assistance in office duties including typing, computer data entry, filing, copying, and bulk mailing.

PLEASE LIST TIMES YOU ARE AVILABLE EACH DAY. MOST VOLUNTEER OPPORTUNITIES TAKE PLACE BETWEEN 9 AM and 5 P.M., BUT YOU CAN ALSO LIST EVENING AND WEEKEND AVILABILITY:

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____
SUNDAY _____

IF YOU WOULD LIKE TO HAVE A ROUTINE SCHEDULE, PLEASE LIST YOUR PREFERRED VOLUNTEER DATE AND TIME:

(circle one) weekly biweekly monthly

1st PREFERRED DAY _____ TIME _____

2nd PREFERRED DAY _____ TIME _____

3rd PREFERRED DAY _____ TIME _____

THE QUESTIONS BELOW ARE IMPORTANT IN DETERMINING WHERE YOU WOULD BE BEST SUITED AS A VOLUNTEER. PLEASE ANSWER TRUTHFULLY – ALL LAWFUL INFORMATION IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL AND WILL NOT NECESSARILY BAR AN APPLICANT FROM BECOMING A VOLUNTEER.

HOW DID YOU LEARN ABOUT BECOMING A VOLUNTEER? _____

WHAT WOULD YOU LIKE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE?

ARE YOU VOLUNTEERING FOR:

_____ CLASS CREDIT - NAME OF INSTRUCTOR _____

_____ ORGANIZATION CREDIT – NAME OF ORGANIZATION _____

_____ OTHER

ARE YOU CURRENTLY EMPLOYED? _____ IF YES, WHERE?

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE? _____

Please list any previous volunteer experience, particularly in working with children and families:

<u>Length of time</u>	<u>Activity/Organization</u>	<u>Responsibilities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY NOTIFICATION

Please list a person to contact in the event of an emergency:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

SKILLS AND SPECIAL ABILITIES

Do you speak a language other than English? _____ Language: _____

Do you read and/or write a language other than English? _____ Language: _____

Do you have experience with blind or hearing impaired persons? _____ In what capacity?

Do you have any experience with handicapped persons? _____ In what capacity?

DO YOU HAVE ANY EXPERIENCE WITH: (and please explain)

CHILD ABUSE? _____ YES _____ NO

FOSTER CARE? _____ YES _____ NO

CRIMINAL, JUVENILE, OR FAMILY COURT SYSTEM? _____ YES _____ NO

OTHER CHILD SERVICE AGENCIES? _____ YES _____ NO

PLEASE LIST ANY ADDITIONAL INFORMATION YOU FEEL WAS NOT
ADDRESSED IN THIS APPLICATION _____

I, _____, HAVE ACCURATELY
COMPLETED THIS APPLICATION, AND I UNDERSTAND THAT THE
INFORMATION INCLUDED IN IT WILL BE USED TO ASSIGN ME TO THE
TASKS BEST SUITED FOR MY ABILITIES AND EXPERIENCE. I ALSO
UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT BETWEEN ME
AND SCOTTY'S HOUSE, AND I CAN TERMINATE MY VOLUNTEER SERVICES
AT ANY TIME.

SIGNATURE _____

DATE _____