



325 West Division Street • Arlington, Texas 76011 • 817-548-9885

Arlington Life Shelter shepherds homeless men, women and children toward a lifestyle of self-sufficiency.

Volunteer Application

Note: A criminal background check will be conducted before a volunteer can work on behalf of the agency. Persons with a felony conviction of a crime against another person or any conviction of a crime against a child will not be allowed to volunteer.

Personal Data (please print or type)

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Can we contact you at your workplace? Yes No Age: Youth (under 16) Young Adult (16-20) Adult (over 21)

Ethnicity (optional):

- African American Latino/Hispanic Asian American Native American
 Multiracial Caucasian Other

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Best time to volunteer? Days Evenings Weekends How did you hear about ALS? _____

Employment

Employer: _____ Dates employed from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Position: _____

General duties performed: _____

References

List three persons **not related** to you who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization.

Name	Relationship	Phone Number
1.		
2.		
3.		

Volunteer Experience (list most recent)

Name of Organization: _____ Phone: _____

Date volunteered from _____ to _____ Job duties: _____

Education and/or Specialized Training

Name of School/Course Taken	Date	Grade Completed	Certification

I certify that all information provided on this application is true and that I have not knowingly withheld any information which might affect my application unfavorably. I understand that any misrepresentation of facts on this application may be considered justification for non-acceptance, and acceptance to a volunteer position is contingent upon the completion and review of history which will include a criminal background check.

There shall be no discrimination against an otherwise qualified volunteer by reason of disability, age, race, color, ethnicity, sex, sexual orientation, religion, national origin, socioeconomic or citizenship status.

Signature: _____ Date: _____

Areas of Interest – please check all that apply:

There are many ways to get involved with the Arlington Life Shelter. Please check all areas where you have an interest.

Direct Services

- Children's Services
 - Monday-Thursday, 7:15-8:45 p.m. Assist with children's activities/Nursery.
 - Monday-Thursday, 4:00 - 5:30 p.m. Assist with after-school activities and homework.
 - Friday-Saturday, 7:15-8:45 p.m. Supervise the children's playroom.
- Computer Lab Assistant
Nightly 7:15-8:45 p.m. Assist residents in using the computers for job searches, resume preparation or educational work.
- Resident Check-In
Nightly 4:30-7 p.m. (shifts can start as late as 5:30 p.m.)
Assist residents by distributing towels and soap, searching bags and assigning housekeeping duties.
- Resident Birthday Parties
First Saturday of each month, 7:15-9 p.m.
Bring and serve ice cream or cake and help with games or children's activities.

Onsite Services

- Facilities
Monday-Thursday, 10 a.m.-4 p.m.
Assist with cleaning, painting, organizing, minor repairs, flower garden maintenance, etc.
Special skills/abilities: _____
- Housekeeping
 - Monday-Friday mornings Clean kitchen and refrigerators. Arrange food pantry.
 - Friday 8:30-11:30a.m. Assist with washing and folding linens.
- Office Support
Monday-Friday, Assist with mailings, data entry and other clerical tasks.

Administrative/Professional Services

- Fundraising
- Speakers Bureau
- Public Relations

To be completed only if volunteering due to community service requirement:

School/Organization: _____ Required Hours: _____
 County Probation: Dallas Tarrant Required Hours: _____



This document must be signed prior to volunteer service.

Pledge of Confidentiality

I understand that I will learn personal information about the agency clients as well as other volunteers in the course of my work as a volunteer. I understand that this information is to be held in the strictest of confidence and is not to be discussed outside of volunteer meetings nor with anyone except the staff of the Arlington Life Shelter or other volunteers who have taken similar vows of confidentiality. I, therefore, pledge to keep the aforementioned information confidential as a condition of my volunteering and I realize that breach of this pledge is grounds for immediate termination from the volunteer program.

_____ Please initial.

Waiver of Liability and Hold Harmless

As a voluntary participant in programs offered and administered by the Arlington Life Shelter, I, the undersigned, as one of the conditions of my participation, specifically release the Arlington Life Shelter, its officers, directors and employees from any claims by the undersigned or liabilities to the undersigned of any kind, whatsoever, involving but not limited to those claims which are actual or contingent presently asserted or yet to be asserted known or unknown arising from or related to my participation in those activities of the Arlington Life Shelter. In addition, I agree to indemnify, defend and hold harmless the Arlington Life Shelter, its officers, directors and employees from and against any claim by their parties or liabilities to third parties of any kind whatsoever caused by my negligent acts.

_____ Please initial.

Sexual Harassment

It is the policy of the Arlington Life Shelter that there shall be no harassment of any employee, volunteer, contractor or client on account of that person's race, color, religion, sex, age, disability or any legally-protected characteristic. All volunteers are expected to abide by this policy. Any volunteer who violates this policy will be subject to disciplinary action, up to and including discharge.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute "sexual harassment." Any volunteer who feels that she/he has been harassed in violation of this policy should immediately report the matter to the staff member on duty.

_____ Please initial

I, _____ have read and understand the **Pledge of Confidentiality, Waiver of Liability and Hold Harmless and Sexual Harassment policies** set above. I agree to abide by these guidelines while volunteering at the Arlington Life Shelter.

Signature

Date



Code of Conduct for Volunteers

Volunteers for the Arlington Life Shelter (ALS) serve as unpaid staff for ALS and therefore, represent the agency when engaged in activities relevant to their volunteer service.

When acting as a representative of the agency, volunteers are expected to conduct themselves in such a way as to promote the goals and objectives of ALS. Special attention should be given to the following areas of concern with regard to conduct:

- ◆ Volunteers shall be free of anti-social, legal, substance abuse or other problems that would negatively impact or impede the execution of volunteer duties.
- ◆ Volunteers should treat all residents, other volunteers and staff of ALS with respect and dignity and should demonstrate the ability to see one's own values and beliefs as not necessarily better or worse than another's values and beliefs. Disrespect towards residents, volunteers or staff members will not be tolerated.
- ◆ Volunteers are allowed to solicit donations on behalf of the agency with written permission of the Executive Director.
- ◆ Arlington Life Shelter prohibits sexual harassment of a volunteer, resident or employee by employees or volunteers. (See definition of Sexual Harassment.)
- ◆ Volunteers involved in direct services to residents are discouraged from establishing a personal relationship with any resident. Exceeding boundaries of the professional relationship jeopardizes the ability to represent ALS and to provide quality services and may result in the termination of volunteer work.
- ◆ Volunteers involved in religious activities must review and sign the Religious Activities Guidelines. Proselytizing is prohibited.

I understand that violation of one or more of these guidelines for conduct may result in the termination of all volunteer activities at the Arlington Life Shelter.

Signature

Date



Religious Activities Guidelines

Group leaders are required to sign that they have read these guidelines and will share them with their group members prior to providing service at the Arlington Life Shelter.

In order to remain in compliance with funding sources and maintain a calm and structured environment for our residents, we require that:

- ◆ Participation in religious activities is optional for the residents.
- ◆ Activities end by 9:00 pm.
- ◆ The planned activity and group participants remain in the designated area. Hallways and room entrances are to remain open and clear for passage.
- ◆ All faith-oriented activities should be “middle of the road.” Laying on of hands, anointing, laying on the floor, speaking in tongues, etc. is not appropriate for the shelter environment.
- ◆ Faith messages should be positive in nature and presented as opinions. Negative, condescending, belligerent, or forced opinions will not be tolerated.
- ◆ No amplifiers, microphones, speakers or loud equipment may be used.
- ◆ Activities using music, singing, drama, puppetry and other dramatic arts are greatly encouraged.
- ◆ Interaction with residents is greatly encouraged.
- ◆ Written information can be placed on tables for residents to pick up as they desire. Materials cannot be directly distributed to residents not participating in the activity.

I, _____ have read and understand the religious guidelines set forth above. I agree that all of my group members will abide by these guidelines during our services to the residents of the Arlington Life Shelter.

Signature

Date



**Consent for Criminal Background History Check
Authorization/Waiver/Indemnity**

***Criminal background checks are required of all volunteers and employees of the Arlington Life Shelter.
All information is confidential.***

I hereby give my permission for the Arlington Life Shelter to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication and delinquent conduct committed by a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer with the agency, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the Arlington Life Shelter and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify any reporting agency, and each of their officers, directors and all employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever (including claims of negligence, gross negligence, and/or strict liability), and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a Volunteer/Staff Member.

Applicant's Signature

Birth Date (including year)

Date

Please Print Name (give maiden name if applicable)