



Thank you so much for your interest in joining the volunteer family at Harold's House. Whether you have an hour or two a month, or a few hours a week, we can use your help. Volunteers make such a difference in the lives of the children and families who come to Harold's House. With your help, we can continue to provide services to abused children and their families which bring comfort in times of crisis and lay a foundation for a healthy future.

Volunteer & Intern Application Packet

This application packet includes the following documents:

- Volunteer Application
- Non-Disclosure Form
- Confidentiality Pledge

If you have any questions, please feel free to contact Danielle Garrett at dgarrett@haroldshouse.org or 936-634-1999.



Harold's House Volunteer Application

PLEASE PRINT ALL INFORMATION

Date: _____

Last name: _____

First name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Email Address: _____

Date of birth: _____

Are you under the age of 18? ____ Yes ____ No If so, please indicate age _____
If you are under the age of 18, you must have an adult present.

Are you bilingual: ____ Yes ____ No Language: _____

Organization you are with: _____

EMPLOYMENT INFORMATION

Current/Last employer: _____ Phone number: _____

City: _____ State: _____ Zip Code: _____

Occupation/title: _____ Currently employed: _____

EDUCATION INFORMATION

Highest level of education achieved: _____

Area of study: _____

School(s) attended for education: _____

Is this volunteer work a class requirement: ____ Yes ____ No

If so, how many hours: _____

Date to be completed by: _____

Professor name: _____ E-mail: _____

PREVIOUS VOLUNTEER EXPERIENCE

Have you ever volunteered with Harold's House before: ___ Yes ___ No

If so, When: _____

OTHER VOLUNTEER EXPERIENCE

1) Organization: _____ Supervisor: _____

Phone: _____ Number of hours completed: _____

2) Organization: _____ Supervisor: _____

Phone: _____ Number of hours completed: _____

ADDITIONAL INFORMATION

How did you hear about Harold's House Program?: _____

Do you have any experience with...

Child Abuse? ___ Yes ___ No

If yes, please explain: _____

Foster Care? ___ Yes ___ No

If yes, please explain: _____

Criminal, Juvenile or Family Court System? ___ Yes ___ No

If yes, please explain: _____

Other Child Service Agencies? ___ Yes ___ No

If yes, please explain: _____

Positions Desired: *Food Preparation, Maintenance, Decorating, Office Work, Family Greeter or Additional Volunteer Opportunities.*

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

AVAILABILITY

- Morning is from 8:00 A.M. to 12:00 P.M.
- Afternoon is from 12:00 P.M. to 5:00 P.M.
- After Hours is from 5:00 P.M. to 9:00 P.M.

Check whichever ones apply to you or put the times you are available.

	Morning	Afternoon	After Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

REFERENCES

Please list three references, which are not related to you, but have known you for at least one year.

1) Name: _____

Phone Number: _____ E-mail: _____

Address: _____ Years known: _____

Relationship: _____

2) Name: _____

Phone Number: _____ E-mail: _____

Address: _____ Years known: _____

Relationship: _____

3) Name: _____

Phone Number: _____ E-mail: _____

Address: _____ Years known: _____

Relationship: _____

EMERGENCY INFORMATION

Name: _____

Phone Number(s): _____

Address: _____

Relationship: _____



Agreement

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 Harold's House and me, and I can terminate my volunteer service at any time.

Signature

Date



Harold's House

EAST TEXAS ALLIANCE FOR CHILDREN



Non-Disclosure Form

I, _____, choose to not allow public access to my home phone number, my home address, my social security number or any information relating to my family while I am at Harold's House.

Signature

Date



Pledge of Confidentiality

I, _____, promise that I shall hold in confidence all pertinent information. I will not violate the confidential relationships between Harold's House, its volunteers, related agencies, courts, and all parties interviewed. I will not remove any written records from the office of Harold's House.

I also understand that any information related to cases and/or clients with whom I come in contact with through direct contact is highly confidential, and I am not to discuss it with any persons other than Harold's House staff and agencies directly related to the investigation of the case while they are at Harold's House.

I accept full responsibility for maintaining the confidentiality and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

Signature

Date