

## Volunteer Application and Procedures

### **PURPOSE:**

The application process is designed to protect our organization, our volunteers and employees, and most importantly, our children. In a world where crime, abuse, and misconduct are on the rise, it is imperative that all participants take the application process serious as we want to provide the best environment for our children to ensure that they are safe, comfortable, and receiving exceptional education and services.

### **PROCEDURE:**

**Application Completion** – All applicants must sign and complete the provided forms.

**References** – The administrative staff will contact references. Persons asked for references may be suggested by applicants or selected by program directors. The organization may contact employers, mentors and persons who have supervised applicants previously.

**Background Check** – With the applicant’s permission, administration will conduct a criminal background check for applicants: this is mandatory for all employees, interns, and volunteers. **There is a fee to conduct this background check (see form for applicable fee).**

**Interview** – All applicants must be interviewed by the Volunteer Coordinator, Director of Operations, and/or Program Director to determine their suitability for volunteering. Information from this interview will remain confidential.

**Signed Agreement to Follow Guidelines** – All applicants must sign the Child Guideline Agreements to show their commitment to abide by these guidelines.

### **PLEASE RETURN APPLICATION & FEE TO:**

Volunteer Coordinator  
Safe Passage Community Technology Center  
1300 Thurman Street  
Camden, NJ 08104



## Permission to Obtain a Background Check

**(This form authorizes Safe Passage Community Technology Center to obtain background information and must be completed by the applicant. Safe Passage Community Technology Center must keep this completed form on file for at least two years after requesting a background check.)**

I, the undersigned applicant (also known as “consumer”), authorize Safe Passage Community Technology Center through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; state and federal criminal and civil history/records; county felony & misdemeanor records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Safe Passage Community Technology Center, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

### **Criminal Background Information:**

1. Have you ever been convicted of a felony or misdemeanor?  Yes  No
2. Are you currently under investigation or are you currently charged with committing a felony or misdemeanor?  Yes  No

If the answer is “Yes” for either of these questions, please explain:

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Identifying Info for Background Information Agency:

**PRINT NAME:**

\_\_\_\_\_

First Middle Last

**OTHER NAMES USED (ALIAS, MAIDEN, NICKNAME)** \_\_\_\_\_

**PRESENT ADDRESS:**

\_\_\_\_\_

Dates Street/PO Box City State Zip Code County

**PRIOR ADDRESS:**

\_\_\_\_\_

Dates Street/PO Box City State Zip Code County

**SOCIAL SECURITY #** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**PLEASE CHECK ONE:**

**Volunteer** \_\_\_\_ **Employee** \_\_\_\_

**For Volunteers:** Please submit this form along with a **\$25 check** made payable to “Safe Passage Community Technology Center” and write “Background Check” on your memo line. Thank you.

**For Employees:** A Motor Vehicle record check is required. Please provide Driver’s License information along with a **\$36 check** made payable to “Safe Passage Community Technology Center” and write “Background Check” on your memo line. Thank you.

**Driver’s License #:** \_\_\_\_\_ **State of Issuance** \_\_\_\_\_

## Volunteer Application

(PLEASE PRINT)

NAME: \_\_\_\_\_

First

Last

EMAIL

ADDRESS: \_\_\_\_\_

CURRENT

ADDRESS: \_\_\_\_\_

Street

City

State

Zip

Country

Home Phone

Cell Phone

Birth Date

BEST MEANS OF CONTACT (CHECK ONE):

Email \_\_\_ Work Email \_\_\_ Home Phone \_\_\_ Cell Phone \_\_\_ Work Phone \_\_\_

DAY(S)/HOUR(S) OF AVAILABILITY: \_\_\_\_\_

EMERGENCY CONTACT

INFORMATION: \_\_\_\_\_

Name

Relation

Home Phone

Telephone Office/Cell

How did you hear about Safe Passage Community Technology Center?

\_\_\_\_\_

Explain briefly why you want to work with Safe Passage Community Technology Center. Mention any previous involvement with volunteer work over the past few years. (Attach an additional sheet, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION:

School \_\_\_\_\_ Field of Study \_\_\_\_\_ Grad Date \_\_\_\_\_

School \_\_\_\_\_ Field of Study \_\_\_\_\_ Grad Date \_\_\_\_\_

## Volunteer Application (Cont'd)

**WORK**

**ADDRESS:** \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Country

\_\_\_\_\_

Work Telephone

Work Email

**EMPLOYMENT HISTORY:**

From/To (dates)	Organization	Job Title/Responsibilities

**REFERENCES:** Include three, at least one from your current or last employer.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

***I CERTIFY THAT ALL ANSWERS GIVEN ARE TRUE AND COMPLETE.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Staff And Volunteer Guidelines (p.1)

**Two-person Rule/Team Leadership** – Two workers must be present in each program location at all times during program meeting periods. Adult teams (preferably male and female) will supervise all activities. This policy accomplishes three objectives: it provides for more than one adult to help ensure appropriate levels of supervision, it protects adults from speculative allegations of abuse, and it reduces the possibility of adults personally involving themselves with the children/youth.

**Overnight Activities** – At least two adults will supervise overnight activities. If the participants are male and female, then male and female chaperones must be present. The event should not take place until these conditions are met. It is never appropriate for an adult chaperone who is not a family member to share a bed with youth. Males and females attending events must not share the same sleeping quarters and should have separate access to restroom facilities. Experienced adult workers should be included with adults who are beginners to the organization and type of activity.

**Individual Counseling** – Team counseling is preferable whenever possible. When team counseling sessions are not possible, notify another adult of the location and with whom you are meeting. Avoid isolation. Counseling should be done in a public place where private conversations are possible but occur in full view of others. If possible, have female adults counsel female youth and males counsel males. A male/female team is generally appropriate for counseling either gender.

**Long-Term Counseling** – Children and youth workers should not meet with a child or youth more than three times to discuss the same issue. Volunteers and program staff are not equip for long-term counseling or formal therapy. Adult leaders are encouraged to refer youth who they suspect have a serious need for counseling to professionals in the community. Questions about referrals must be discussed promptly with the Program Director or the Director of Operations.

**Youth Supervising Youth** – Minors may help adults lead children/youth activities only under the direct leadership of adults. A minor may not be used to meet the duties mentioned above.

**Corporal Punishment** – (hitting or spanking) and other forms of punishment involving physical pain are never appropriate in Safe Passage CTC activities. This rule stands even if parents give permission to discipline children in such a way. Staff must consult their supervisors for proper disciplinary methods to use with misbehaving youth.

**Touching Policy** -- Safe Passage CTC has executed a touching policy that will protect our youth while promoting a positive, environment for their advancement. The guidelines below are to be carefully followed by anyone working with youth.

1. Appropriate touch might be a touch on the arm, a gentle pat on the back, or a side-hug.
2. A child's preference not to be touched should always be respected. Do not force affection upon a child.
3. All workers are responsible to protect children under their supervision from inappropriate touching by others.
4. Everyone should be fully dressed at all times when with children, therefore things such as bathing with children are not permitted.
5. Workers must promptly discuss inappropriate touching or other questionable behavior by other workers with their supervisor, Operations Director or Executive Director.

## Staff And Volunteer Guidelines (p.2)

**Transporting Youth** – When children are transported for events, all guidelines will apply. Following the two-adult rule and having all drivers complete an auto safety certification form with proof of driver’s license is especially important.

**Informal Contact** – Informal contact refers to phone calls, letters, or face-to-face contact between an adult worker and a youth that is not connected with official Safe Passage CTC activities. Safe Passage CTC recognizes that informal contact between workers and youth occur. However, workers should seek permission of parents before having informal contact with their child. The worker should clearly let the parent know the nature of the contact and that it is not part of a Safe Passage CTC activity. Parents are responsible for monitoring this informal contact.

**Gifts** – Workers are generally discouraged from giving personal gifts or money to youth. When the giving of personal gifts is desired, the worker must first notify parents and the program director. Gifts can easily be misinterpreted. Gifts given to groups of children are appropriate, such as graduation gifts or participation awards.

**Sexual Involvement** – No adult worker is to date a child or be romantically or sexually involved with a child. Any adult with prior incidents of sexual misconduct may not be a child/youth worker at Safe Passage CTC.

**Confidentiality** – **Youth workers must report to a senior level person if a minor discusses harming him/herself or others, committing a crime, or being abused.** There are limits to confidentiality when working with youth. Questions about such cases or other issues of confidentiality must be discussed promptly with the Program Director, Director of Operations or Executive Director. Any serious issues discussed in confidence should be reviewed with the Director of Operations or Executive Director, who will also protect the confidential nature of the discussion. Conferring with a supervisor on sensitive issues is not considered breaking a confidence.

**Open Door Policy** – All youth events should be open door. This means that workers, parents, and Safe Passage CTC has the right to observe all youth activity during those events.

**Conduct** -- **Teachers, program staff and volunteers must report suspected or observed child abuse by our staff or others** to the program director immediately. Violations of these guidelines or suspect behavior by other workers must be reported in the same manner. **Workers must avoid even the appearance of misconduct.** This is necessary in order to maintain parental confidence and avoid mistaken allegations. **Volunteers who disobey these guidelines will be asked** to discontinue their involvement at Safe Passage Community Technology Center

**Supervisor Communication** – Youth workers must meet on a regular basis with the Program Director periodically to discuss any issues regarding these guidelines. Appropriate topics that must be discussed include problems, accountability, policy clarification, personal feelings or other issues that may interfere with youth efforts.

**I have read the guidelines above. I agree to observe them faithfully:**

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

## Skills and Interests Assessment

We'd like to get to know you better.

What skills/interests do you have that you might be willing to share with us at Safe Passage CTC?

### Manual Skills

- Small Repair
- Custodial
- Plumbing
- Electrical Work
- Heating/Air Conditioning
- Automotive
- Masonry
- Roofing
- Painting
- Carpentry
- Lawn Care/Landscaping
- Snow Removal
- Other: \_\_\_\_\_

### Professional Skills

- Teaching (Subject): \_\_\_\_\_
- Age group by grades:  K-4  5-8  9-12
- Fundraising
- Counseling
- Writing/Editing/Reporting
- Human Resources/Personnel
- Law
- Human Resources, Personnel
- Event Planning
- Sales/Marketing/Promotion
- Medical: \_\_\_\_\_
- Other: \_\_\_\_\_

### Vehicle/Transportation

- Drive a truck or van
  - CDL – Commercial Driver's License (Bus)
  - Automotive Repair or Maintenance
  - Other: \_\_\_\_\_
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### Computer Skills

- Software Knowledge  
(Word, Excel, Etc.): \_\_\_\_\_
- Desktop Publishing
- Website Design
- Other: \_\_\_\_\_

### Office Skills

- General
- Mailings - Folding letters/stuffing envelopes
- Answering Phones / Reception
- Bookkeeping
- Accounting
- Other: \_\_\_\_\_

### Hospitality

- Special Events
- Prepare/Provide/Serve Food
- Set-up or Clean-up

### Special Skills

- Tutor (Subject): \_\_\_\_\_
- Age group by grades:  K-4  5-8  9-12
- Play Musical Instrument: \_\_\_\_\_
- Teach voice, music, instrument: \_\_\_\_\_
- Art: \_\_\_\_\_
- Sports: \_\_\_\_\_
- Drama: \_\_\_\_\_
- Dance: \_\_\_\_\_
  
- Special Skill / Area of Interest that you'd like to share: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_