



Volunteer Information Form

Please complete the following information form. Although some of these questions may feel invasive, they are necessary for the protection of our clients and in the processing of references and Criminal Background Information. Confidentiality is important to our organization and yours will be respected. Your cooperation is appreciated!

| | | | |
|---|---------------------------------------|--|-----------------------------|
| How did you hear about us? | | | |
| Name: | | Date: | |
| Address: | | # Years There: | |
| City, State, Zip: | Home Phone: | Mobile Phone: | |
| Business Phone: | Email: | Fax Number: | |
| Date of Birth: | Birthplace (City & State): | | |
| Place of Employment: | Position: | #Years There: | |
| Supervisor's Name: | | Phone Number: | |
| Business Address: | | City, State, Zip: | |
| # of Children: | Names/Ages: | Do your children live with you? | |
| Height: | Weight (approx): | Eye Color: | Hair Color: |
| Race: <input type="checkbox"/> Anglo <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other | | | |
| Social Security Number: | | Driver's License #/State: | Other (Student ID): |
| In the event of an emergency, contact: | | | |
| Name: | | Relationship: | Phone #: |
| Do you expect any changes in marital status, employment or residence within the next year? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Please respond to the following questions. An affirmative response will not necessarily prevent or restrict volunteer activities: | | | |
| 1. Do you use illegal drugs? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been convicted of a criminal offense? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever been charged with neglect, abuse or assault? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has your driver's license ever been suspended or revoked in any state? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you responded "yes" to any of the above, please explain: | | | |
| Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, School/University Name: | |

Personal References (non-family). *At least one must be a professional reference.*

Name: _____ Relationship: _____ Email: _____ Phone#: _____

1.

2.

3.

4.

List any previous volunteer experience:

Organization: _____ Contact Name/Email or Phone: _____ Your Involvement: _____ Dates: _____

List any service or groups that you belong to or participate with:

alley's house has many diverse needs and opportunities for volunteers. Please check your area of interest:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Funds Development Committee | <input type="checkbox"/> Special Events Committee |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Intern | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Marketing | <input type="checkbox"/> Workshop Facilitator |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other (please specify): |

How many hours can you volunteer? _____ (Check one that applies): Weekly Monthly

What times can you volunteer? (Check all that apply) Evenings Weekends Weekdays

Do you carry the legal minimum automobile insurance? Yes No

Have you been trained in first aid and/or CPR? Yes No

Other information you feel may be a valuable contribution to alley's house?

Please read before signing:

- I understand that the information I have provided may be verified and I give permission to alley's house to make inquiry of others concerning my suitability as a volunteer.
- In the course of volunteering, I may be dealing with confidential information and I agree to keep said information in confidence.
- I affirm that I have read the above and that the information I have given is true and complete.

Signed: _____

Date: _____

Please attach a copy of your Driver's License, Liability Insurance Card, the Criminal Background Check Consent Form and the Mentor Profile Form if you're applying for a mentor position. Please scan and email forms to program.director@alleyshouse.org or mail to: 4113 Junius St., Dallas, TX 75246. If you have questions, please call 214.824.8700.



VOLUNTEER CODE OF ETHICS AND RULES

1. Smoking or use of tobacco products in the presence of teen moms is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs is prohibited.
3. Volunteers must treat teen mothers of all races, religions, and cultures with respect and consideration.
4. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison or criticism.
5. Volunteers will abstain from humiliating or frightening discipline techniques.
6. Volunteers will not use profanity in the presence of teen moms.
7. Volunteers will refrain from inappropriate displays of affection toward teen moms.
8. Volunteers must be free of physical and/or psychological conditions that might adversely affect the teen mom's health, including fever or contagious conditions.
9. Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
10. Texas State law requires all citizens to report any suspected abuse or neglect of a child to the Texas Department of Protective and Regulatory Services.
11. I understand that as a volunteer for alley's house, I will be subject to a background check, including criminal history.

I have read and understand that any violation of this code may be grounds for removal as a volunteer. By signing this statement, I release alley's house from all liability in connection with any volunteer activities.

Volunteer's Signature

Date



CRIMINAL BACKGROUND CHECK CONSENT FORM

Authorization for Parties to Release Information Identification for all parties involved in background investigation

I authorize alley's house, their staff or their agents to investigate my background and character, and authorize all persons, companies, law enforcement agencies and schools to release information concerning my background, character and suitability to become a volunteer.

I understand that this information may include, but is not limited to, arrest, conviction and driving record information, and I hereby release all local, state, federal law enforcement and other agencies, their officers, employees, administrators and all other persons, companies, schools, firms, organizations or agencies of any kind from any liability or claim of any sort for providing background information concerning me.

I, the undersigned, do for myself, my heirs, executors and administrations, hereby remise, release and forever discharge and agree to indemnify and hold alley's house, The Volunteer Center of Dallas County, each of their officers, directors, employees and agents harmless from any and all/related attorneys fees, court costs and any other expenses resulting from the investigation of my background, gathering information concerning me or otherwise verifying personal information in connection with my application to become a volunteer.

I understand that this information will be used to determine my eligibility for a volunteer position within this organization. I also understand that as long as I remain a volunteer, the Agency may repeat these investigations at any time.

Have you ever been charged or convicted of a misdemeanor or felony?
If yes, please check all that apply and explain:

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Charged | <input type="checkbox"/> Convicted |
| <input type="checkbox"/> Misdemeanor | <input type="checkbox"/> Felony |

Details: _____

Please print your complete, legal name: _____

Sex: Male Female

List all cities/states you have lived in since age 18: _____

Applicant's Signature: _____

Date: _____

* There is a \$7.00 fee for processing your criminal background check. Please mail check to:
4113 Junius St, Dallas, TX 75246

OR

Please provide your credit card information:

Card type: _____

Expiration Date: _____

Card Number: _____

Billing Zip Code: _____



Program Highlights

Mission Statement

To empower teen mothers and their children to achieve independence through support services, education and mentoring.

Case Management Services

Assist teen moms in creating individualized goal plans and outlining activities to help them achieve their goals. We also ensure teen moms are utilizing community services where necessary and refer to outside agencies for additional needs.

Mentors for Young Mothers Program

Match teen moms participating in our program with a volunteer mentor from within the community. The mentor meets with the teen mom 6 hours per month and the match is for one year. The mentor works directly with her to assist her in accomplishing her Goal Plan as well as other fun activities. Activities are coordinated with both the teen mom and volunteer's schedules.

Life Skills Workshops

A series of life-skill workshops designed to teach the teen moms the necessary skills to achieve independence. Topics range from parenting skills to career planning. Our workshops are held every Wednesday from 12-1 pm.

Computer Training

On-line computer training is provided to all teen mothers participating in the program. Microsoft Office products and keyboarding are included.

GED Tutoring

One-to-one GED tutoring in all subject areas for teen mothers.

On the Job Office Training

Teen moms can learn all the skills needed to get an entry level office position.

Parenting at Home Program

Match teen mother with a volunteer who will assess and recommend positive parenting techniques.

For more information, please call alley's house at 214.824.8700 or email at program.director@alleyshouse.org.



Mentors for Young Mothers Program **Steps to Becoming a Mentor**

The following outlines the steps you'll be taking in becoming a mentor for a teen mother:

1. Receive initial Volunteer Packet of information.
2. Complete and return forms to alley's house.
3. The Volunteer Director will process your paperwork that includes reference checking, a Criminal Background Check and a review of your application(s).
4. Schedule and conduct Personal Interview with Case Managers.
5. alley's house will notify you concerning scheduling your Mentor Orientation and Training Workshops.
6. Attend Mentor Orientation (scheduled with Volunteer Director).
7. Attend Mentor Training (see website for scheduled dates).
8. Once approval into the program is completed you will be notified.
9. The matching process begins between the teen mother and the mentor. This process is the responsibility of the Program Director.
10. Once the match is made, the Case Manager will contact you regarding the specifics of the assignment. A meeting will be scheduled at this time to review the Mentee's Goal Plan (if already established).
11. Schedule time to meet with your Teen Mom for the first time! The Case Manager will accompany you at the first meeting.
12. Phone in your Activity Report following each meeting/activity/phone call.



Mentors for Young Mothers

Mentor Profile Form

Name:

Address:

City, State Zip:

Cell Phone:

Work Phone:

Fax:

In a few sentences, please tell us about yourself...

Why do you want to participate in the Mentors for Young Mothers Program?

What are your expectations of the program? What do you hope to gain from the program?

What can you contribute to the program?

Who were your role models and why?

What are your hobbies?



Mentors for Young Mothers Program

Mentor Eligibility Criteria

1. Mentor must be female.
2. Mentor must be willing and able to volunteer in the Dallas County and surrounding areas.
3. Mentor must be at least 21 years old.
4. Mentor must have lived at the same address for at least one year, except in the case of job relocation.
5. Mentor must have a stable work history.
6. Mentor must agree to a criminal background check and verification of personal references.
7. Mentor must agree to abide by the Letter of Agreement of Participation in the *Mentors for Young Mothers Program*, the Mentor Ground Rules and Responsibilities, and the Volunteer Code of Ethics and Rules.

Mentor's Signature

Date