



# Arlington Life Shelter

325 W. Division St. Arlington, TX 76011 817-548-9885

*The Arlington Life Shelter provides shelter and support services to help our neighbors who are homeless integrate into society and become self-sufficient, thriving contributors to the community.*

## Volunteer Application

Please note:

1. Please complete all seven (7) pages of the application prior to submitting.
2. Please provide a current, valid email address, as prospective and current volunteers are contacted about volunteering via email.
3. 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about ALS?: \_\_\_\_\_

Church /Civic Group Affiliations: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

Note: ALS reports diversity information for the purpose of grant reporting and funding.

### Employment

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Education and/or specialized training.

Name of School Course Taken	Certification/Degree	Date Earned

### Volunteer Experience- List last three most recent volunteer experiences.

Organization	Date	Hours

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

School/Organization: \_\_\_\_\_ Required Hours: \_\_\_\_\_

County Probation:  Dallas  Tarrant Required Hours: \_\_\_\_\_

**Office Use Only**

Background Check Date: \_\_\_\_\_ Background Status: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**Areas of Interest-please check all that apply:**

Availability:  M  T  W  TH  F Time:

**Children's Services**

Monday- Thursday 7:15-8:45 p.m.

Assist with children's activities/ Nursery

Monday- Thursday 4:00 -5:30p.m.

Assist with after-school activities and homework

**Resident Check-In**

Nightly 4:30-7p.m. (shifts can start as late as 5:30 p.m.)

Assist residents by distributing towels and soap, searching bags, and assigning housekeeping duties

**Facilities/ Maintenance**

Monday- Thursday 10a.m.- 4p.m.

Assist with cleaning, organizing, minor repairs, inventory, etc.

**Housekeeping**

Friday 8:30-11:30 a.m.

Assist with washing and folding linens

**Office Support**

Monday-Friday 9a.m.- 5p.m.

Assist with Mailings, data entry, and other clerical tasks.

**Food Teams**

Groups of at least 5 are needed to supply, prepare, and serve food to our residents, please check our website for open slots, and contact our Director of Shelter Operations to coordinate days and times

Breakfast 6:15-7a.m.

Lunch- sack lunches are prepared off site and delivered the day before for distribution the next morning

Dinner- 4-8p.m.

**Classes**

Educational classes for adult residents will be coordinated through our Director of Shelter operations

Please specify classes you are trained to teach and your availability


**Special Projects**

If you would like to perform your own **special project** please specify on the space provided what your project is and when you would like to complete it.




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:

### 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.
- Volunteers shall not take pictures of residents or children in the shelter.

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



# Arlington Life Shelter

*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**

I do hereby release and forever discharge and hold harmless Arlington Life Shelter (ALS) and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer work at ALS. I understand that this release discharges ALS from any liability or claim that the volunteer or guardian may have against ALS with respect to any bodily injury, personal injury, illness, death or property damage that may result from volunteer work for ALS, whether caused by the negligence of ALS or its officers, directors, employees, agents or otherwise. I also understand that ALS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury or illness.

Please initial.

If Minor:

Name of Guardian (print)  Relationship to minor

### **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



### 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



### Background Verification Release Form

#### AGENCY INFORMATION

Date	Agency Name	Arlington Life Shelter	
Contact Name			
Agency's Main Phone Number		Agency's Fax Number	
817.548.9885		817.548.1609	

#### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City		State	Zip Code
Social Security Number		Date of Birth	Driver's License Number
Position Applied For		State Issued	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as 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 here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>
Applicant's Printed Name	<input type="text"/>	Parent/Guardian's Signature (if under 18 years of age)	<input type="text"/>



**Arlington  
Life Shelter**

**PHOTO RELEASE FORM**

*A separate copy of this form MUST be on file for each person volunteering at the shelter.*

**ACCEPT**

I, , grant permission to Arlington Life Shelter to use photographs taken of (check one):

me or  the minor  in my care while volunteering for use in shelter publications such as brochures, newsletters, magazines, and on display boards, and to use such photographs in electronic versions of the same publications or on Arlington Life Shelter web sites or other electronic forms or media, and to offer them for use or distribution in other shelter-related publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Arlington Life Shelter and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older, and I am competent to contract in my own name. *I certify that I have legal guardianship of any minor listed on this form.* I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

**DECLINE**

I, , **DO NOT** grant permission to Arlington Life Shelter to use photographs taken of (check one):

me or  the minor  in my care.

Relationship to Minor

Signature

Date