

HOPE VILLAGE
15403 Hope Village Road
Friendswood, Texas 77546
Administration Office (281) 482-7926

Volunteer Application Packet

Thank you for your interest in volunteering with Hope Village. We appreciate our volunteers very much and look forward to building a partnership with you!

Prior to completing the Application to Volunteer, please take a few minutes to read our Volunteer Policy and Volunteer Guidelines.

Please note that due to the requirements our volunteers must meet, we are only offering long- term* volunteer positions at this time.

We also do not participate in court-ordered community service and will not sign any acknowledgment for such service.

Again, thank you for your interest in Hope Village!

*At least 1 day per month for a year

HOPE VILLAGE IS A SMOKE-FREE WORKPLACE. SMOKING IS PROHIBITED ON THE PREMISES.

Volunteer Policy

Hope Village has both a short and long-term volunteer program. All volunteers must be at least 18 years old, pass a criminal background check, and maintain a current TB test (long-term volunteers).

1. Short-term volunteer services are provided through churches, schools, and civic, and fraternal organizations. These services consist mostly of seasonal and special occasion parties. We also have Bingo nights, music, and other activities involving board games available in our recreation room. Short-term volunteers are never counted in the staff-Villager ratio. Short-term volunteers are not used on trips away from the facility. The Executive Director approves all organizations or agencies prior to their having contact with individuals in our care.
2. Long-term volunteers are individuals who come on a regular basis (weekly, monthly, etc.) over a period of time. These volunteers will be used mainly in the Resale Shop and the Education Program. Theirs will be more of a support role rather than a supervisory role.
3. Hope Village will maintain the following records for long-term volunteers:
 - a. An application
 - b. copies of driver's license and social security card
 - c. a current TB test
 - d. criminal background check on volunteer
 - e. Volunteer Acknowledgment, Release, Waiver and Hold Harmless Agreement

Records that Hope Village has for long-term volunteers will be kept on file for 1 year after the termination of the volunteer.

Records that Hope Village has for short-term volunteers will be kept on file for 6 months after termination. Records for a volunteer applicant who decides not to volunteer or volunteers only a few times will be kept on file for 6 months from the application date.

The cost of the TB test and criminal background check will be paid by Hope Village.

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Volunteer Guidelines

Volunteers are such an important part of our organization. It is very important that we outline clear expectations for everyone to follow. Not only are we operating retail shops but we are held to other safety guidelines that are mandated by the various licensing agencies for our facility. Below is a list of basic guidelines for our volunteers. These expectations will not only protect our volunteers but will ensure that our program runs smoothly. Please inquire with the volunteer coordinator about any questions that are not covered below.

Volunteer Schedule/Duties

1. A volunteer may only work during supervised hours of business.
2. All volunteer schedules will be designed by the manager/volunteer coordinator.
3. Volunteers are not allowed to work without a Hope Village staff member present unless directed specifically by a volunteer coordinator/manager.
4. Please report to the manager/volunteer coordinator when you arrive and depart for volunteer work. The manager/volunteer coordinator will assign you task(s) to work on. For everyone's safety, please remain in your assigned area and work only on tasks that you have been assigned.

Volunteer/Villager Interaction

There will be occasions as a volunteer when Villagers will be present. We ask that when having conversations with them, you be mindful to respect their privacy and confidentiality.

Gift Shop/Resale Shop Purchases

We encourage our volunteers to browse through the gift shop and resale shop. If you wish to purchase anything, we ask that you make sure that the items have already been priced by Hope Village staff and that you make your purchase with a designated cashier for the location.

Delivery of Donations

From time to time, donations will be delivered to locations other than the Resale Shop. If this occurs while you are volunteering, please find a Hope Village staff member or manager. This will ensure that the donor receives a receipt for tax purposes if they would like one. It also allows us to determine if Hope Village has a use for any of the items before they are prepared for sale.

Volunteer Conduct

1. We ask that all volunteers dress as professionally as possible for the work they will be doing. If you have any questions, please ask your supervisor or the volunteer coordinator.
2. You will likely come in contact with staff, residents, day program participants, visitors, and the general public during the hours you volunteer. We ask that you help us to maintain a positive environment by not engaging in gossip of any kind, especially that which could negatively influence the perception the community may have of Hope Village and/or its mission.
3. Discussing Hope Village business without authorization is strictly prohibited.

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4. All information about Hope Village residents, day program participants, and/or their families is confidential and is never to be discussed. If you have concerns about a particular resident, you must bring them to the attention of a member of administration immediately.
5. If you have a problem or complaint about an employee or volunteer, please bring it to the attention of a member of administration immediately.
6. Harassment of any type is prohibited.
7. Smoking is prohibited on Hope Village property.
8. Alcohol and Drugs are prohibited on Hope Village property. We reserve the right to request a volunteer leave the property if we feel they are under the influence of alcohol or other substances.
9. All volunteers must abide by the requirements listed in the volunteer policy.

I, _____, agree to abide by the guidelines as outlined in
this document.
PRINTED NAME

Signature: _____

Date: _____

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Application to Volunteer

DUE TO THE LICENSING REQUIREMENTS FOR OUR VOLUNTEERS, WE ARE ONLY OFFERING LONG-TERM (at least 1 day per month for a year) VOLUNTEER POSITIONS AT THIS TIME. WE ALSO DO NOT PARTICIPATE IN COURT-ORDERED COMMUNITY SERVICE AND WILL NOT SIGN ANY ACKNOWLEDGEMENT FOR SUCH SERVICE.

Name _____ Date of Application _____

Address _____ City _____ Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Are you over the age of 18? Yes No (Due to our licensing regulations, you must be at least 18 years of age to volunteer.)

FOR THE CRIMINAL BACKGROUND CHECK, WE MUST HAVE A COPY OF YOUR TEXAS DRIVER'S LICENSE AND SOCIAL SECURITY CARD. WHEN YOU TURN IN THIS APPLICATION, PLEASE GIVE THEM TO AN EMPLOYEE SO A COPY CAN BE MADE.

Are you able to commit to a minimum of 1 day a month for a year? Yes No

What are the best times and days for you to volunteer?

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday

Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday

Date of last TB Tine test _____ (required before volunteering; must be done annually)

EDUCATION _____

EMPLOYMENT AND/OR VOLUNTEER EXPERIENCE _____

Hope Village participates and is eligible for employee matching grants and volunteer programs. If you work for or have retired from a company that you believe has one of these programs and are interested in participating, please list the company name and contact number.

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Locations For Volunteer Opportunities

Please check the area(s) you are interested in: Resale Shop Workshops Classes

Special Event Opportunities: Christmas Program Fundraising Events

Personal References:

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Do you have any friends and/or relatives who presently work or volunteer or have in the past worked or volunteered for Hope Village? Yes No If so, please list their names below:

1. _____

2. _____

An extensive background check will be performed and updated every 2 years. (Please leave a copy of your Texas driver's license and social security card)

I _____, voluntarily give Hope Village authorization to investigate all statements of this application. I understand that a criminal background check will be performed and I am releasing this information to Hope Village.

Signature

Date

For the purpose of the background check, please list **any other names used** (married, maiden, alias, etc.)

Would you like to be on our mailing list to receive newsletters? Yes No

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Volunteer Acknowledgment, Release, Waiver and Hold Harmless Agreement

Pursuant to my participation as a volunteer for The Foundation for Hope Village, and Hope Village, I recognize that there are certain risks and possible bodily or personal injuries and damages that I may sustain through such participation. ACCORDINGLY, I HEREBY ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION AS A VOLUNTEER WITH THE FOUNDATION FOR HOPE VILLAGE, AND HOPE VILLAGE, AND HEREBY RELEASE, WAIVE AND HOLD HARMLESS ON BEHALF OF MYSELF AND THOSE CLAIMING BY, THROUGH, OR UNDER ME, THE FOUNDATION FOR HOPE VILLAGE, AND HOPE VILLAGE, AND ITS OFFICERS, DIRECTORS, MEMBERS, AGENTS, REPRESENTATIVES OR EMPLOYEES (THE "PARTIES") FROM ALL CLAIMS, DAMAGES OR CAUSES OF ACTION WHICH I MAY NOW HAVE OR HEREAFTER HAVE AGAINST THE PARTIES ARISING OUT OF ANY BODILY OR PERSONAL INJURIES OR DAMAGES I MAY SUSTAIN IN CONNECTION WITH MY PARTICIPATION AS A VOLUNTEER FOR THE FOUNDATION FOR HOPE VILLAGE, AND HOPE VILLAGE, INCLUDING ANY BODILY OR PERSONAL INJURIES OR DAMAGES CAUSED OR ALLEGED TO BE CAUSED ALL OR IN PART BY MYSELF, OTHER VOLUNTEERS, CONTRACTORS OR WORKERS, OR THE ACTIONS, FAILURE TO ACT OR NEGLIGENCE OF THE PARTIES.

This Acknowledgment, Release, Waiver, and Hold Harmless Agreement shall be binding upon me and my heirs, assigns, and legal or personal representatives.

Signature

Date

Printed Name

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Information for Required Background Check

The following information is necessary to conduct a criminal background check and will be used to conduct a criminal background check. **ALL** fields must be filled out. Place a **N/A** if not applicable.

First Name _____

Middle Name _____

Last Name _____

Any other names used (maiden, married, aliases) _____

Email Address _____

Social Security # _____ (Must Present Original for a copy)

Date of Birth _____

Driver's License ID Number _____ (Must Present Original for a copy)

Driver's License State _____

Have you lived in another state in the last 5 years? Yes No

If yes, please list the address(es) _____

List all cities in TEXAS where you have resided _____

I have voluntarily released the information above and understand that a criminal background check will be conducted using this information and any other information that I have given during the application/interview process.

Printed Name

Signature

Date

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DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____ acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

The Foundation for Hope Village

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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