Volunteer Files Checklist

Volunteer files must include:

___ Volunteer start date__________
    Date entered into Coalition Manager_________
___ Volunteer name ____
___ Volunteer's home address ____________________________________
___ Volunteer's gender ____
___ Volunteer's birthdate ____
___ Position held ____
___ Copy of Job Description
___ Volunteer's Application/resume
___ Reference Checks
___ Copy of valid Driver's License or photo I.D. D.L. EXPIRES_____________
___ Volunteer's Confidentiality Agreement
___ AR Child Maltreatment Central Registry Check/ Background check
___ Current automobile liability insurance, if applicable
___ Signed verification form for random drug tests, if required
___ Time Sheets
___ Financial reimbursement forms
___Personnel action: Appropriate records on all personnel actions, including hiring, discharge, promotion, discipline, evaluation and commendation.
___ Volunteer's Annual Evaluation
___Volunteer's Completed Annual TB Survey

Volunteer's Training Log

___ Volunteer's shadowing-Date completed___________
    Date entered into Coalition Manager_________
    ___Documentation attached

___ 5 hours required Classroom training
    Date entered into Coalition Manager_________
    ___ Documentation attached

ATTN: Advocates- Volunteer Info How-To

1. All volunteers need to have a 1. volunteer information sheet and 2. a volunteer hours log in their file. The first one is the sheet that contains their availability, volunteer work choice, contact information, and special skills and qualifications. The second will be where they will log their hours.
2. The volunteer log is a quick reference that will have all the volunteers' names and contact information. Each time we get a new volunteer, add their name to the list and make sure they complete the individual information sheet as well.

Compassion's Foundation, Inc.
Domestic Violence Shelter
P.O. Box 1734
Magnolia, AR 71753
870-235-1415

Forms can be:
Faxed to: 870-235-1416
Mailed to: P.O. Box 1734
Magnolia, AR 71754
Emailed to:
cfadvocates@yahoo.com

Contact Information

Name: ______________________________

Number of Total Volunteer Hours Needed: ______________

City, ST ZIP Code: ______________________________

Home Phone: ______________________________

Work Phone: ______________________________

E-Mail Address: ______________________________

Major/Minor: ______________________________

Availability

_______ :______ to _____:______ Mon.

_______ :______ to _____:______ Tues.

_______ :______ to _____:______ Wed.

_______ :______ to _____:______ Thurs.

_______ :______ to _____:______ Fri.

_______ :______ to _____:______ Sat.

_______ :______ to _____:______ Sun.

Volunteer Work Choice

___ Transportation-Must have valid driver's license, current car insurance, & no traffic violations in the past 5 years

___ Donation Pick Up & Drop Off

___ Crisis Hotline

___ Children and Youth

___ Shelter Work

___ Social Media/Marketing/PR

___ Fundraising

___ Community Awareness/Support Groups

Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, education, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

____

____

____

____

____

____

____

____

Volunteer Information Sheet

Volunteer Name	Volunteer Service	Contact Number	Email

LOVE DOESN'T HURT

COMPASSION'S FOUNDATION

Application for Volunteer Services

Applicant Information

Full Name: ______________________________ Date: ____________
Last *First* *M.I.*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Phone: ____________________ Email ____________________

Date Available: __________ Social Security No.: __________ Desired Salary:$ __________

Position Applied for: ______________________________

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? ____________________

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: ______________________________

Education

High School: ____________________ Address: ____________________

From: __________ To: __________ Did you graduate? YES ☐ NO ☐ Diploma: ____________________

College: ____________________ Address: ____________________

From: __________ To: __________ Did you graduate? YES ☐ NO ☐ Degree: ____________________

Other: ____________________ Address:

From: __________ To: __________ Did you graduate? YES ☐ NO ☐ Degree: ____________________

References

Please list three professional references.

Full Name: ______________________________ Relationship: ____________

Company: ______________________________ Phone: ____________

Address: ______________________________

Full Name: ______ Relationship: ______

Company: ______ Phone: ______

Address: ______

Full Name: ______ Relationship: ______

Company: ______ Phone: ______

Address: ______

Previous Employment

Company: ______ Phone: ______

Address: ______ Supervisor: ______

Job Title: ______ Starting Salary:$ ______ Ending Salary:$ ______

Responsibilities: ______

From: ______ To: ______ Reason for Leaving: ______

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______ Phone: ______

Address: ______ Supervisor: ______

Job Title: ______ Starting Salary:$ ______ Ending Salary:$ ______

Responsibilities: ______

From: ______ To: ______ Reason for Leaving: ______

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______ Phone: ______

Address: ______ Supervisor: ______

Job Title: ______ Starting Salary:$ ______ Ending Salary:$ ______

Responsibilities: ______

From: ______ To: ______ Reason for Leaving: ______

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: ______________________________ From: __________ To: __________

Rank at Discharge: ______________________ Type of Discharge: ______________________

If other than honorable, explain: ______________________________________

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer hours, I understand that false or misleading information in my application or interview may result in my release.

Signature: ______________________________________ Date: ______________

HAVE YOU EVER BEEN A VICTIM OF DOMESTIC VIOLENCE OR SEXUAL ASSAULT? (OPTIONAL)
_____ YES ____ NO

DO YOU HAVE ANY EXPERIENCE WORKING WITH PEOPLE IN CRISIS/STRESSFUL SITUATIONS?
_____ YES _____NO IF YES, PLEASE EXPLAIN:

____

____

____

____

VOLUNTEER TB SCREENING QUESTIONS

Employee Name: ______________________________ **Date** __________

1. Do you have a cough that has lasted longer than 2 weeks? [ ] Yes [ ] No [ ] Don't know
2. In the past 3 months
   a. Have you lost your appetite? [ ] Yes [ ] No [ ] Don't know
   b. Have you lost weight without dieting? [ ] Yes [ ] No [ ] Don't know
   c. Have you had fever, chills, or night sweats requiring a change of clothes or linens? [ ] Yes [ ] No [ ] Don't know
   d. Have you coughed up blood or produced yellow or green sputum? [ ] Yes [ ] No [ ] Don't know
   e. Have you been feeling very tired? [ ] Yes [ ] No [ ] Don't know
3. Have you ever had a positive TB skin test? [ ] Yes [ ] No [ ] Don't know
4. Have you ever had an abnormal chest x-ray? [ ] Yes [ ] No [ ] Don't know
5. Have you recently had the mucous you coughed up tested for TB? [ ] Yes [ ] No [ ] Don't know
6. Have you ever been told you had TB? [ ] Yes [ ] No [ ] Don't know
7. Have you ever taken medicine for TB? [ ] Yes [ ] No [ ] Don't know
8. Have you ever lived with or had close contact with someone who had TB? [ ] Yes [ ] No [ ] Don't know

Compassion's Foundation

Volunteer

Confidentiality Agreement

I agree not to reveal any of the following to any person or institution:

- Information regarding past or present Compassion's Foundation clients.
- Information about staff and volunteers of Compassion's Foundation.
- The fact that I am a client of Compassion's Foundation.
- The location of Compassion's Foundation to anyone not pre-approved by the Executive Director or advocates.

I understand the seriousness of this commitment. I know it is unlawful to violate any part of this agreement. I understand if I break this agreement in any way, I will be terminated as an employee of Compassion's Foundation and could face criminal charges.

Mandated Reporter Acknowledgement

I understand Compassion's Foundation staff and volunteers are mandated by law to report any suspected cases of child abuse, neglect, and/or maltreatment.

____

Volunteer Signature Date

____

Executive Director Signature Date

Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

TYPE OF APPLICANT:

☐ DHS Employee/Applicant [Division:__________________ ☐ Foster Parent ☐ Legal Custodian ☐ Adoptive Parent ☐ Provisional Foster Parent

☐ Foster Family Support System (FFSS) for: ______________________________
Name of Foster Family whom FFSS will support

☐ Other (This request will be processed for a fee of $10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

______________________________ ______________________________
Name/Title (print) Organization Requesting the Report

____
______________________________ ____________ ______________________
Address (physical) Telephone # Fax #

____
____
Address (provide mailing, if different than physical)

Name of Applicant: ______________________________

Maiden Name/Other Names Used: ______________________________

Race: ________ **Sex:**____ **Age/DOB:** _____/__________ **SSN:** ______________

Present Address: (since ________,_______) ______________________________
____

Previous Addresses (from the last six years):

1) ______________________________
____
From __________ to __________

2) ______________________________
____
From __________ to __________

3) ______________________________
____
From __________ to __________

4) ______________________________
____
From __________ to __________

Cities and States of Employment (outside of Arkansas) for last six years:

1) ______________________________
____
From __________ to __________

2) ______________________________
____
From __________ to __________

3) ______________________________

4) ______________________________

____________________ ____________________

From __________ to __________ From __________ to __________

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: ____________________
DOB/Age: ________ / __________
Relationship: ____________________
SS# (if known): ____________________

Full Name: ____________________
DOB/Age: ________ / __________
Relationship: ____________________
SS# (if known): ____________________

Full Name: ____________________
DOB/Age: ________ / __________
Relationship: ____________________
SS# (if known): ____________________

Full Name: ____________________
DOB/Age: ________ / __________
Relationship: ____________________
SS# (if known): ____________________

THE FOLLOWING IS TO BE COMPLETED **ONLY** WITH A NOTARY

I, ____________________ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

____________________ ____________________
Signature of Applicant Date

County of ____________________ State of Arkansas
Acknowledged before me, this ________ day of ________________, ________

____
Notary Public My commission expires: ________

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

☐ The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date____________________

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

☐ Information Found

Examiner's Signature and Date ____________________ __________

Child Maltreatment Central Registry
Slot S 566
P O Box 1437
Little Rock AR 72203