Hill Country Crisis Council

Volunteer/Intern Program

Thank you for your interest in joining our team at Hill Country Crisis Council (HCCC). Our volunteers and interns have a direct impact on the lives of the most vulnerable population in the communities we serve. From offering advocacy, child care, mentoring, fundraising assistance or clerical assistance you will have the opportunity to change lives. We need your help. With your support, we can continue to provide intervention, assistance, safety and healing.

**Volunteer and Internship Application Packet**

This application packet includes the following documents:

* Volunteer Application
* Statement of Confidentiality
* Three Reference Forms
* Volunteer Policy
* Background Check Authorization Form

Fill out the application form and give the reference forms to your chosen references. Once we have received your completed application, we will run the background check which will take 2-3 days, and we will contact you to schedule an interview. You may submit your application via fax, mail or email. If you have any questions, please do not hesitate to contact Suzanne at [suzanne@hccares.com](mailto:suzanne@hccares.com) or 830-257-7088 ext. 125.

Fax: 830-257-7097

Mail: PO Box 291817, Kerrville, TX 78029

Email: suzanne@hccares.com

**Volunteer/Intern Application**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

HCCC has many opportunities for volunteers. All types of volunteers are needed to make services available to families in the communities that we serve, and we value any skills you may have to improve the communities in which we live. Listed below are volunteer opportunities available at HCCC. Please check the area(s) in which you are most interested.

\_\_\_\_\_\_\_\_\_\_Family Advocate \_\_\_\_\_\_\_\_\_\_\_\_Medical Volunteer \_\_\_\_\_\_\_\_\_\_Administrative and Clerical

\_\_\_\_\_\_\_\_\_Bachelor’s Level Internship \_\_\_\_\_\_\_\_\_\_\_\_Master’s Level Internship \_\_\_\_\_\_\_\_\_\_Fundraising

\_\_\_\_\_\_\_\_\_Shelter Inventory Manager \_\_\_\_\_\_\_\_\_\_\_\_Child Tutoring \_\_\_\_\_\_\_\_\_\_\_English as a Second Language

\_\_\_\_\_\_\_\_\_Adult Tutoring, GED prep \_\_\_\_\_\_\_\_\_\_\_\_Childcare \_\_\_\_\_\_\_\_\_\_Handyman/Yard Maintenance

\_\_\_\_\_\_\_\_\_Teaching Life Skills-Nutrition, Parenting, Basic Personal Finance

HCCC has several outlying area offices. At this time we offer volunteer opportunities in the following locations. Initial training would be conducted in Kerrville. Please check the location you would be most interested in volunteering:

\_\_\_\_\_\_\_\_\_Kerrville \_\_\_\_\_\_\_\_\_\_Boerne \_\_\_\_\_\_\_\_\_\_\_Fredericksburg

Days and times you would be available to volunteer:

Would you be available to come in on short notice if necessary? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about HCCC and our volunteer program?

What would you like to gain from your volunteer experience?

Are you currently employed? \_\_\_\_\_\_\_\_\_

Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time employed there: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous volunteer experience:

Organization Responsibilities Length of time there

**Skills and Special Abilities:**

Do you have any experience with survivors of:

Child abuse? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual assault? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family violence? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with a criminal or family court system? \_\_\_\_\_Yes\_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other child service agencies? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak any other language than English?

\_\_\_\_\_Yes \_\_\_\_\_No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you read/write any other language than English?

\_\_\_\_\_Yes \_\_\_\_\_No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with blind or hearing-impaired persons?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with intellectual or physical disabled persons?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

List diplomas/degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List special certificates or credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Notification:**

Please list a person to contact in the event of an emergency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number(s): \_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have accurately completed this application and I understand that the information included in it may be used to assign me to the tasks best suited for my abilities and experience. I also understand that this application is not a contract between HCCC and me. I can choose to delay, suspend or terminate my volunteer services at any time.

Signature: Date:

Hill Country Crisis Council/Kids’ Advocacy Place

Volunteer/Intern/Visitor

Statement of Confidentiality

**At no time** shall a volunteer, intern or visitor divulge the identity of any person, presently or formerly, residing in the shelter, or receiving any services from Hill Country Crisis Council and/or Kids’ Advocacy Place. All records of clients shall be inaccessible and held confidential except to those staff members, volunteers or interns who have direct client involvement. Violation of this policy will result in **termination** of volunteer or intern services, as well as visitation privileges with Hill Country Crisis Council and Kids’ Advocacy Place.

This is to state that I (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

have read and agree to abide by the Statement of Confidentiality.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Hill Country Crisis Council**

**Volunteer/Intern Reference Form**

*Please provide the following information:*

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person and in what capacity?

In your opinion, is this person capable of working with children and families in a crisis situation and dealing with highly sensitive issues? \_\_\_\_\_ Yes \_\_\_\_\_No

Please tell us why:

Please share any pertinent information that would assist us in evaluating this person’s involvement with our agency:

Signature Date

Print Name Phone Number

*Please mail this completed form to:*

*Suzanne Tomerlin*

*Hill Country Crisis Council*

*P.O. Box 291817*

*Kerrville, TX 78029* Thank you for your assistance!

**Hill Country Crisis Council**

**Volunteer/Intern Reference Form**

*Please provide the following information:*

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please tell us why:

Please share any pertinent information that would assist us in evaluating this person’s involvement with our agency:

Signature Date

Print Name Phone Number

*Please mail this completed form to:*

*Suzanne Tomerlin*

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*P.O. Box 291817*

*Kerrville, TX 78029* Thank you for your assistance!

**Hill Country Crisis Council**

**Volunteer/Intern Reference Form**

*Please provide the following information:*

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person and in what capacity?

In your opinion, is this person capable of working with children and families in a crisis situation and dealing with highly sensitive issues? \_\_\_\_\_ Yes \_\_\_\_\_No

Please tell us why:

Please share any pertinent information that would assist us in evaluating this person’s involvement with our agency:

Signature Date

Print Name Phone Number

*Please mail this completed form to:*

*Suzanne Tomerlin*

*Hill Country Crisis Council*

*P.O. Box 291817*

*Kerrville, TX 78029* Thank you for your assistance!

**HILL COUNTRY CRISIS COUNCIL, INC.** **PROGRAM POLICIES AND PROCEDURES**

|  |  |  |
| --- | --- | --- |
| **Title: Volunteer Program** |  | **Number: 411.0** |
| **Date Board Approved: 1/16/2013**  **Update Board Approved: 6/5/2017** | **Effective Date: 1/16/2013** | **Page 1 of 1** |

|  |
| --- |
| POLICY  Hill Country Crisis Council will recruit volunteers from as many diverse sectors of the community as possible, and will utilize a variety of recruitment techniques. Training will be offered at least twice a year. All volunteers will be screened, trained, supervised and evaluated by the Volunteer Program Coordinator or her designee.  PROCEDURE  The Volunteer Program Coordinator will maintain a file for each volunteer containing the following information: Name, address, telephone number, services offered, screening notes, and documentation of training hours.  All Volunteers will participate in an orientation process. This process will be offered as needed for new volunteers. Hill Country Crisis Council will offer Volunteers opportunities to participate in trainings and up to date education.  Volunteers shall record on the volunteer log all services performed for Hill Country Crisis Council, including, but not limited to, time spent answering the hotline, advocacy, gathering or soliciting donations, fundraising or speaking on behalf of Hill Country Crisis Council. All mileage should be documented, whether or not the volunteer requests reimbursement. Volunteers providing professional services should document the time and professional value of that time.  If dissatisfaction should arise regarding problems with staff, another volunteer, a client or delivery of services, the volunteer may file a grievance or complaint in writing as follows:   1. Volunteers should report problems to the Volunteer Coordinator and may expect a response within five (5) working days. 2. If the problem involves the Volunteer Coordinator, or if the response in 1 above is not satisfactory, address the complaint to the Executive Director. A response may be expected within five (5) working days.   All volunteers leaving the program should participate in an exit interview. Information from the exit interview should be filed in the volunteer’s file. |

**Hill Country Crisis Council**

**Volunteer/Intern Policy and Procedure Receipt Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received a copy of the Volunteer Policies and Procedures, read them and understand them. I understand that a copy will be available to me for immediate reference if I request.

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

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

Hill Country Crisis Council

P.O. Box 291817, 429 Washington Street Kerrville, Texas 78029-1817 Telephone: 830-257-7088 Fax: 830-257-7097

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Requesting a Copy of Driver’s License (D.L.) and Social Security (SSN) Card

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Surnames/Maiden Name/Other Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.L.# & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell or Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address (location, address, state & zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_Asian \_\_Black \_\_Hispanic \_\_ Native American \_\_ Other \_\_ White \_\_\_ Decline to Indicate

**Disclosure and Consent to Release Information:**

1. Have you ever been convicted of a felony or misdemeanor? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed. \_\_ Yes \_\_No If yes, please write on the back of this document by giving details to include the date, location and nature of the offense and disposition for each incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor? \_\_\_ Yes \_\_\_ No If yes, please write on the back of this document by giving details to including the date, location and type of charge.

3. Have been or are you currently being investigate for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? \_\_\_ Yes \_\_\_No If yes, please write on the back of this document by giving details to include the state and county in which each such investigation occurred.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize any investigator or duly accredited representative of Hill Country Crisis Council bearing this release to obtain any information from the Texas Department of Family and Protective Services, the Texas Department of Public Safety and Transportation, schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. This information may include performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Hill Country Crisis Council and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I declare that the information provided in this document is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being immediately terminated from my position with Hill Country Crisis Council.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCCC Revised 8.22.17