



VOLUNTEER APPLICATION

1600 Payton Gin Rd
Austin, TX 78758

Ph: (512) 836-2150
Fax: (512) 836-2150

www.settlementhome.org
volunteer@settlementhome.org

**BEFORE COMPLETING THIS VOLUNTEER APPLICATION,
PLEASE READ THE FOLLOWING REQUIREMENTS:**

- ◆ You must have a valid Driver's License with no more than 3 tickets in the past 3 years and no past history of DWI or DUI.
- ◆ You must have liability insurance on your personal vehicle to park your vehicle on campus.

The following information is required in order for the Texas Department of Family and Protective Services to run Criminal History and Central Registry Checks.

FIRST NAME		MIDDLE NAME		LAST NAME	
OTHER NAMES USED (married, maiden, etc.) First Name		Middle Name		Last Name	
STREET ADDRESS		CITY		COUNTY	STATE ZIP CODE
TELEPHONE NO. (A/C)	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> F <input type="checkbox"/> M	SOCIAL SECURITY NO.	<input type="checkbox"/> Person age 14 - 17 years old <input type="checkbox"/> Person age 18 years & older
LIST ALL OTHER CITIES IN TEXAS WHERE THERE HAS BEEN RESIDENCY:					
DRIVERS LICENSE NO.	STATE	EXPIRES	RACE <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	ETHNICITY (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

The Settlement Home Non-Discrimination Policy: The Settlement Home complies with the federal Civil Rights Act of 1964. People who are eligible to participate in the program of the Settlement Home are not discriminated against because of race, color, national origin, sex, age, disability, religion or political belief. Anyone who believes they have been discriminated against should write immediately to: Director, Civil Rights Division, MC E-609, Texas Department of Protective and Regulatory Services, P. O. Box 140930, Austin, TX 78714-9030, or the Secretary of Agriculture, Washington, DC 20250.

REQUIRED BY THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A CHILD-CARE FACILITY OR REGISTERED FAMILY HOME

An applicant for employment with a licensed child-care facility, residential or day-care, or registered family home whose employment or potential employment with the facility or registered family home involves the opportunity for or the direct interaction with children must execute and submit the following affidavit with the application for employment.

STATE OF _____ COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

- 1. Been convicted of
2. Pleaded guilty to (whether or not resulting in a conviction)
3. Pleaded nolo contendere or no contest to
4. Admitted
5. Had any judgment or order rendered against me (whether by default or otherwise)
6. Entered into any settlement of an action or claim of
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of
8. Been diagnosed as having or have been treated for any mental or emotional condition arising from
9. Resigned under threat of termination of employment or volunteerism for
10. Had a report of child abuse or neglect made and substantiated against me for, or
11. Have any pending criminal charges against me in this or any other jurisdiction for

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

- 1. Any felony
2. Rape or other sexual assault
3. Physical, sexual, emotional abuse and/or neglect of a minor
4. Incest
5. Exploitation, including sexual, of a minor
6. Sexual misconduct with a minor
7. Molestation of a child
8. Lewdness or indecent exposure
9. Lewd and lascivious behavior
10. Obscene or pornographic literature, photographs, or videos
11. Assault, battery, or any violent offense involving a minor
12. Endangerment of a child
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness
14. Unfitness as a parent or custodian
15. Removing children from a state or concealing children in violation of a court order
16. Restrictions or limitations on contact or visitation with children or minors
17. Any type of child abduction, or
18. Similar or related conduct, matters, or things.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____.

Signature of notary officer: _____
(seal, if any, of notarial officer)

THE SETTLEMENT HOME
VOLUNTEER APPLICATION FORM

The information here will help us find the most satisfying and appropriate volunteering for you. Your completing it is most appreciated. **PLEASE PRINT.**

Name _____ Date _____ Sex _____ Age _____
 First Middle Last

Home address _____
 Street City State Zip

Home phone _____ Work phone _____ Cell/Other _____

List any other names you have used (maiden/married...)? _____ Email _____

Date & Place of Birth _____ Have you lived in Texas for the past three years? _____

Marital Status _____ Number of children _____ Ages _____

Education: High School _____ College _____ Degree _____

Previous Work Experience _____

Are you presently employed? _____ If yes, hours per week _____ Your duties in this job _____

Employer _____

 Name Address

 Supervisor's Name _____ Supervisor's email _____
 Phone # _____

Special skills, training, interests, or hobbies (counseling, crafts, music, drama, sports, etc.) _____

Previous or present volunteer jobs _____

What kind of volunteer jobs are you most interested in at present? _____

Please check your preferences: _____ Work with small group of children _____ Work with pre-teens

 _____ Work with individual child _____ Work with teens _____ Work with girls

Time available for volunteer work: Number of hours per week _____ or per month _____. I can be regular
each week _____ or each month _____. I prefer weekdays _____ or weekends _____.

Do you have a car? _____ The required TX liability insurance? _____ Type of car _____

Driver's License Number/State _____ License Plate Number _____

Would you be willing to use your car to transport children in your volunteer work? _____

Are you certified in First Aid training? _____ Life Saving? _____

Do you have friends/family who work/live at the Settlement Home? _____ If yes, who? _____

How did you learn of the Settlement Home? _____

IN CASE OF EMERGENCY, NOTIFY _____

Name

Relation to you

Address

Phone

Closest living relative _____

Name

Relation to you

Address

Phone

REFERENCES:

People for whom you have worked or volunteered:

1. Name _____ Contact Phone #'s _____

Address (include zip) _____

2. Name _____ Contact Phone #'s _____

Address _____

Personal references: (family or friends)

1. Name _____ Contact Phone #'s _____

Address _____

2. Name _____ Contact Phone #'s _____

Address _____

We would be interested in any further comments or information you might wish to offer: _____

MEDICAL HISTORY

Are you under the care of a physician or therapist? _____ If so, explain: _____

Have you ever been hospitalized? _____ If so, explain: _____

Do you have medical problems or handicaps? _____ If so, explain: _____

LICENSING REQUIREMENTS

Tuberculosis Test within last 12 months _____ Date of TB Test _____

Have you ever been in trouble with law enforcement officials? _____ If so, explain: _____

Have you ever been convicted of any felony or misdemeanor, or violation of the Texas Controlled Substances Act? _____

Texas Law requires us to request from the state a criminal history check on all persons we assign to work directly with the children. Will this create any problems for you? Yes _____ No _____

PHILOSOPHICAL

What do you see as the difference between punishment and discipline? _____

How are emotionally disturbed children and youth different from others? _____

What do you think is the role of a volunteer at the Settlement Club Home? _____

What is your goal in being a volunteer here? _____

CONFIDENTIALITY

Any information regarding residents of The Settlement Home is strictly confidential. No information about the resident is to be divulged to persons outside The Settlement Home except as it directly relates to the care and treatment of the child (i.e. communication with local schools, community agencies involved with the resident or her family, hospitals, physicians, and other medical personnel involved, etc.).

At times residents will want a particular staff member or volunteer to promise to keep information secret from other employees of The Settlement Home. It is important for the staff to understand that any information revealed to one staff or volunteer will be shared with other staff such as houseparents, therapists, etc., for the purpose of strengthening the resident's treatment.

Written information containing names of residents should be disposed of by shredding so that no identifying information can be found in or around waste baskets, garbage containers, etc.

I have read and understand the confidentiality statement above and agree to uphold this policy with regard to residents from The Settlement Home Treatment Center.

I hereby state that all information given in this application is true and correct.

Signature Date

Thank you for completing this information for us and for being interested in our work with the children of the Settlement Home. Please return to:

Volunteer Coordinator
The Settlement Home
1600 Peyton Gin Road
Austin, Texas 78758

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email: volunteer@settlementhome.org
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